



Patient Attestation

Have you ever received any of the following: Spinal Orthosis (back brace or neck brace), Knee Orthosis (knee brace), or Ankle Foot Orthosis (leg brace)?

NO _____ YES _____

If yes, which company and/or sales representative and when:

Was it a custom or off the shelf device?

If yes, was it prescribed by your physician?

NO _____ YES _____

If yes, who was the physician?

Are you presently working or in contact with any other facility or supplier regarding a spinal orthosis?

NO _____ YES _____

If yes, what facility and name of the representative?

Signature

Date

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