

## EXHIBIT C

### Example Detailed Written Order (DWO)

It is not necessary that a physician complete the DWO (i.e., a prosthetist may do this). However, the treating physician must review the DWO and personally sign and date the order to indicate agreement. Note: Most O&P softwares offer similar DWO templates.

DETAILED WRITTEN ORDER: [Product Name]

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Code: \_\_\_\_\_ Insurance #: \_\_\_\_\_

[Your clinic name]

[Your address street address]

[Your city, state, zip code]

[Your phone number]

Federal Tax #: \_\_\_\_\_ NPI: \_\_\_\_\_

Diagnosis (ICD10): \_\_\_\_\_

☐ Check here if additional items are listed on attached pages

Physician Attestation \_\_\_\_\_

Physician's Name, Address & Telephone \_\_\_\_\_

UPIN #: \_\_\_\_\_

NPI: \_\_\_\_\_

I certify that I am the physician identified above. I have received this detailed written order, including a full narrative description with HCPCS code and pricing. I certify that the diagnosis information shown above is to the best of my knowledge true and accurate and justifies the medical necessity of the item(s) shown.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

☐ Check here if additional items are listed on attached pages

Physician Attestation \_\_\_\_\_