
Fax to: (800) 497-8856
info@militarymedical.us.com



ORTHOTICS MADE EASY
TriCare Covered Benefit for Active Duty Members



Date: _____

Patient Name: _____ DOB: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Social Security Number: _____

DX Code: _____

Physician Name: _____ Physician Phone: _____

NPI: _____

Physician Signature: _____

Clinic: _____
