CranioRehab

Orofacial Rehab Devices

CranioRehab.com
1-800-206-8381

Helping People Say Ahhhhh!

CranioRehab is dedicated to the treatment of head, neck and craniofacial patients. Our goal is to be a resource and partner in patient healing by utilizing simple, powerful technologies. We carry the widest selection of physical therapy devices for the treatment and health of the head and jaw.

Coordinated Care

CranioRehab collaborates with office staff and patients to provide seamless care with simple processes and forms, and 16 years of experience.

Insurance Processing & Flexible Billing Options

We provide billing options to maximize coverage in this difficult insurance environment while helping patients access superior care. At CranioRehab we directly bill and appeal the patient's insurance as possible; to reduces the work and simplify ordering for the prescribing providers office.

Quality Service and Patient Support

With our specialized experience, we ensure that patients maintain their optimum rehab program and receive constant technical and professional support. This improves patient compliance and reduces calls to your office.

OraStretch® Press Jaw Motion Rehab - Trismus Care and Joint Dysfunction

The **OraStretch** Press jaw motion rehab system is a jaw exerciser and stretching device to treat and prevent trismus, and joint dysfunction. It moves along the natural anatomical motion of the jaw for easy, safe therapy for a functional opening. Also in pediatric, over/underbite and edentulous sizes.

OraPacer™ Jaw Mobilizer - Ankylosis Prevention

A computer-controlled jaw mobilization, stretching and continuous passive motion (CPM) device for jaw and joint therapy. The **OraPacer** unit stretches or gently cycles the patient's jaw open to prevent fibrotic and bony ankylosis, and promotes the development of a functional joint structure.

Salvate™ Oral Hydration System - Severe Xerostomia

A unique therapy solution for severe, chronic dry mouth caused by radiation therapy, the **Salvate** Home Hydration System maintains fluid in the user's mouth for hydrated and healthy gums and teeth. Radically improve quality-of-life and sleeping for tolerant patients of the Salvate system.

DynaCleft® Positioning Strips & Nasal Elevators - Cleft lip/palate

Developed with cleft palate teams, the **DynaCleft** System gently guides and supports facial tissues for improved nasal symmetry and positions a CLP for optimal surgical results. DynaCleft strips are easy to use at-home, are non-invasive, non-traumatic and do not interfere with feeding.

Microstomia Prevention Appliances

A dynamic stretching device that helps prevent and treat microstomia from thermal, chemical and electrical burns, surgical scarring, systemic diseases like scleroderma, and inherited disorders.

Supplements to Therapy and Rehabilitation

- **CryoJaw** cooler pump systems, hot/cold gel packs, & **JawBra** compressive wraps.
- **NutriSqueeze™** bottles for improved health on a liquid diet.
- OraStretch ROM & MIO scales for tracking jaw motion and therapy progression.

Ordering:

Call us at **1-800-206-8381** or
visit us at **www.CranioRehab.com**

Free Shipping! Insurance Billing.

We confirm and bill insurance.
Discounts provided for non-coverage.

OraStretch, TheraPacer, OraPacer, Salvate, & NutriSqueeze are trademarks of CranioMandibular Rehab, Inc. DynaCleft is a trademark of SouthMedic, LLC.

CranioRehab: Prescription-Order Form & Certificate of Medical Necessity (CMN)

Prescriber:	NPI:
Phone:	Fax:
Address:	Email:
	Office Contact:

Other Requesting Provider:	☐ SLP ☐ Other:
Phone:	
Email:	☐ Request Rx from prescriber, if not attached below.

Patient:		**Phone**:	
*Address:		*DOB:	
City, State Zip:		Cell/Work Ph:	
Alt Contact:		Alt Contact Ph:	

Prescription and CMN

☐ ***OraStretch®* Press Jaw Motion Rehab System**: Standard 4.8cm wide (E1700)
☐ Pediatric version (<10 yrs old, 3.1cm wide) ☐ Extended jet version.

Duration: _____
Or 99 months/ Indefinite (if blank)

☐ **Salvate™ Oral Moisture System:** Salivary replacement, oral hydration. (E1399)

***DynaCleft®* System** (E1399): 6-12 weeks ☐ Unilateral Strips ☐ Bilateral Strips ☐ Nasal Elevators

☐ **TheraPacer™ Jaw CPM**: 6-12 weeks ☐ Extension of CPM unit: 12 weeks

Diag. Codes (Req): *Primary: _____ 2ndary: _____ Other: _____, _____, _____
(Please use ICD-10 codes. List cancer or trauma first. Common: Effects of radiation – T66.XXXA, Trismus - R25.2.)
Needed by or Surgery Date (if applicable):

Reasons for Medical Necessity (Req): _____

I certify the medical necessity of this item for the above patient. The prescribed equipment is reasonable and necessary to treat the patient. This form has been accurately completed by my office, and I have reviewed it.

Prescriber Signature: **Date:**

Patient Insurance

	*Primary Coverage	Secondary Coverage
*Insurance:		
*Policy #:		
Group#:		
*Ins Phone:		
*Name on Ins:		

WC or PIP Required	Adjuster:	CLM #:
	WC #:	Date of Injury:

Notes:

Please return this form to Order@Craniorehab.com or by fax to 303-480-9115.

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