



READI & STEADI®  
Anti-Tremor Orthotic Glove System

## Physician Check List

1. Standard Written Order (including measurements and duration, ie: lifetime)
2. Patient Demographics
3. Clinical Note from visit within 90 days (see insurance requirements for DME) and must include custom justification statement.
4. Copy of Insurance Cards
5. Copy of Photo ID

Fax all the above to 833-513-0978 or email to [info@readi-steady.com](mailto:info@readi-steady.com)

Please have the patient watch for their Welcome Packet in the mail with all the necessary information to order.

Thank you!