

Patient's Name _____ Date _____

Diagnosis / Surgical Procedure _____

Date of Surgery (if applicable) _____

Lower Limb Orthoses

- | | | | | |
|-------------------------------------------|-------------------------------------------|--------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Solid Ankle AFO | <input type="checkbox"/> Richie Brace | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Hinged AFO | <input type="checkbox"/> Arizona/Gauntlet | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Carbon Fiber AFO | <input type="checkbox"/> CROW Walker | | | |
| <input type="checkbox"/> KAFO | <input type="checkbox"/> PTB AFO | | | |

Foot Orthotics

- | | |
|----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Accommodative | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Functional | <input type="checkbox"/> Right <input type="checkbox"/> Left |
- Duration of Use:**
Lifetime Use: Patient is to wear orthotic device daily, with periodic reassessment every 12 months
Other _____
- Medical Necessity:**
A custom orthotic device is medically necessary for the treatment due to diagnosis above. Conservative treatments, including over-the-counter orthotics, have failed to provide adequate relief. Custom orthotics will provide the necessary support and stability to alleviate pain and prevent further deterioration of the condition.

Other / Notes _____

Physician Signature _____ Date _____

Print Physician Name _____ NPI# _____

- | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AMHERST
205 N. Leavitt Rd.
Amherst, OH 44001
440.988.5770
Fax: 440.988-5776 | <input type="checkbox"/> NORTH OLMSTED
28350 Lorain Rd.
North Olmsted, OH 44070
440.979.9226
Fax: 440.979.9326 | <input type="checkbox"/> SANDUSKY
1807 W. Perkins Ave.
Sandusky, OH 44870
419.625.5373
Fax: 419.625.5377 | <input type="checkbox"/> TOLEDO
723 Phillips Ave., Bldg. F
Toledo, OH 43612
419.476.4248
Fax: 419.476.6655 | <input type="checkbox"/> NILES
918 Youngstown
Warren Rd., Ste. B
Niles, OH 44446
330.856.2553
Fax: 330.856.4619 |
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