LEIMKUEHLER
ORTHOTIC-PROSTHETIC CENTER INC.
Specialists Since 1948

American Orthotic & Prosthetic Association

Patient's Name _____ **Date** _____

Birthdate _____

☐ **Custom Foot Orthotics**

☐ **Custom UCBLs**

☐ **Partial Foot (Toes filler)**

Type of Orthotic Base

☐ **Accommodative** ☐ **Bilateral**

☐ **Functional** ☐ **Right** ☐ **Left**

Diagnosis

☐ M21.6 – Other Acquired Deformities of Foot
☐ M72.2 – Plantar Fasciitis
☐ M76.829 – Posterior Tibial Tendon Dysfunction
☐ M77.3 – Calcaneal Spur
☐ M77.4 – Metatarsalgia
☐ Q66.7 – Cavus Foot
☐ M19.079 – DJD (Osteoarthritis)
☐ Other _____

Duration of Use:

☐ Lifetime Use: Patient is to wear orthotics daily, with periodic reassessment every 12 months
☐ Other _____

Medical Necessity:

☐ Custom foot orthotics are medically necessary for the treatment due to the diagnosis above. Conservative treatments, including over-the-counter orthotics, have failed to provide adequate relief. Custom orthotics will provide the necessary arch support and heel cushioning to alleviate pain and prevent further deterioration of the condition.

Other / Notes _____

Physician Signature _____ **Date** _____

Print Physician Name _____ **NPI#** _____

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