LEIMKUEHLER
ORTHOTIC-PROSTHETIC CENTER INC.
Specialists Since 1948

American Orthotic & Prosthetic Association

Patient's Name _____ **Date** _____

Diagnosis / Surgical Procedure _____

Date of Surgery (if applicable) _____

Lower Limb Orthosis

☐ **Solid Ankle AFO** ☐ **Richie Brace** ☐ **Right** ☐ **Left** ☐ **Bilateral**

☐ **Hinged AFO** ☐ **Arizona Gauntlet**

☐ **Carbon Fiber AFO** ☐ **CROW Walker**

☐ **KAFO** ☐ **PTB AFO**

Foot Orthotics

☐ **Accommodative** ☐ **Bilateral**

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

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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