

# DELTA MEDICAL

## “Our Mutual Patient” -Urgent Request-

### DELTA MEDICAL

PHONE: (508) 492-6170, FAX: (540) 380-0089 // (318) 413-3018

To: CHRIS SAMBAZIOTIS M.D.

Fax: 6176296248

Date: 11-11-2025

Patient: Albano Vicente

D.O.B. 04-19-1934

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PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR DELUXE KNEE ORTHOSIS

FAX NO: (318)413-3018

Date of request: 11-10-2025 First: Albano Last: Vicente DOB: 04-19-1934 Address: 161 Webster Ave 1St Flr City: Cambridge State: MA Postal Code: 02141 Patient Phone Number: 6175470327 Primary Insurance: Medicare Policy#: 9UK9QR6DC18 Height: 5'9 ft Weight: 200 lbs	Physician Name: CHRIS SAMBAZIOTIS M.D. NPI: 1578866513 Address: 133 BROOKLINE AVE City: BOSTON State: MA Postal Code: 02215 Phone Number: 6176547111 Fax Number: 6176296248
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*This patient is being treated under a comprehensive plan of care for knee pain. I, the undersigned, certify that the prescribed orthosis is medically necessary for the patient's overall well-being. This patient has suffered an injury or undergone knee surgery. In my opinion, the following knee orthosis products are both reasonable and necessary in reference to assisting in restoring loss of motion of the joints and following immobilization. My Patient has been in my care regarding the diagnosis below. This is the treatment I see fit for this patient at this time. I certify that this information is true and correct.*

**DIAGNOSIS:** Provider can simply cut off the diagnosis which they don't find appropriate

Rheumatoid Arthritis without rheumatoid factor, right knee (M06.061)  
 Rheumatoid Arthritis without rheumatoid factor, left knee (M06.062)  
 Unilateral Primary Osteoarthritis, Right knee (M17.11)  
 Unilateral Primary Osteoarthritis, left knee (M17.12)  
 Bilateral Primary Osteoarthritis of knee (M17.0)  
 Pain in right knee (M25.561)  
 Pain in left knee (M25.562)  
 Chronic instability of knee, right knee (M23.51)  
 Chronic instability of knee, left knee (M23.52)  
 Other /Explain:

AFFECTED AREA:

KNEE: Left Knee ☒ Right Knee ☒

Our evaluation of the above patient has determined that providing the following knee orthosis product will benefit this patient

**DISPENSE:**

L1833: Knee orthosis (K●), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf.

Length of need is 99 unless otherwise specified: \_\_\_ 6 - 99 (99= LIFETIME)

Physician Signature:  Date Signed: 11/14/25  
 Physician Name: Sambaziotis, Chris, MD NPI: 1578866513