



Prescription / Letter

Phone 352

Patient Name Sanjay Dey SSN DOB

Address dfsg ,dsf,1,45620 Phone

Date of Surgery *If applicable* Date of Injury *If applicable*

Clinic Location Physical Therapist user1

ORTHOPEDIC BRACING

☒ **Custom Knee L1846**

Reason for custom vs. off the shelf brace:

- ☒ Disproportionate size of thigh and calf
- ☐ Minimal muscle mass upon which to suspend an orthosis
- ☐ A typical thigh and calf dimensions due to obesity (BMI greater than 30)
- ☐ Intimate fit is required for ligament protection or off-loading indication

☐ **Soft OA Knee Offloader L1843**

☐ **Ligament Knee Brace L1845**

☐ **Rigid OA Knee Offloader L1845**

☐ **Lumbosacral Orthosis L0637**

☐ **Kyphosis Corrective Orthosis L0456**

OTHER

☐ ☐

☐ ☐

MEDICAL NECESSITY / LENGTH OF NEED

☒ **Purchase / Lifetime** ☐ **1-3 Months** ☐ **3-6 Months** ☐ **Other**

ICD-10 CODES A20.7 ☐ Right ☒ Left ☐ Do Not Substitute

Previous Treatment(s)/Medications:

- ☒ Prior Surgery
- ☐ NSAIDS/Pain Medications
- ☐ Injections
- ☐ Physical Therapy

Physician Name HASAN ABUALULA NPI 1508008228 F

Physician Signature _____ D

I certify the above prescribed equipment is medically indicated and supported by my medical practice for this patient's condition

PLEASE RETURN THIS FORM BY FAX TO 888.7