



# Prescription / Letter of Medical Necessity

Phone 352-693-3378 • **Fax 888-758-9645**

Patient Name Tanmoy Raha SSN 111-222-3333 DOB 01/22/1985

Address Garia ,kolkata,1,45254 Phone

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

Clinic Location  Physical Therapist

## ORTHOPEDIC BRACING

☐ **Custom Knee L1846**

Reason for custom vs. off the shelf brace:

- ☐ Disproportionate size of thigh and calf
- ☐ Atypical thigh and calf dimensions due to obesity (BMI greater than or equal to 30)
- ☐ Minimal muscle mass upon which to suspend an orthosis
- ☐ 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** M05.069

**Previous Treatment(s)/Medications:**

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

Physician Name  NPI  Phone

Physician Signature  Date

I certify the above prescribed equipment is medically indicated and supports accepted standards of medical practice for this patient's condition

**PLEASE RETURN THIS FORM BY FAX TO 888-758-9645**