



Prescription / Letter of Medical Necessity

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

Patient Name SANJAY Singhania SSN dgf DOB 04/06/2001

Address ADDRESS 1 ,CITY 4,3,787878 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
- ☐ 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 M00.062

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