

**Prescription - Standard Written Order****Patient Name and Address**

Marie Curie  
218 Forest Hills Ave  
Boston MA 22180

**Patient Date of Birth**

12/05/1900

**Prescriber Name and Address**

Arjun Raj D.P.M  
2121 Pingsten Rd  
Deadham, MA 22109

**Prescriber Phone:** 912-219-2310

**Prescriber Fax:** 912-219-2311

**Prescriber NPI:** 9182734556

**Diagnosis:**

1. M19.071 Primary osteoarthritis, right ankle and foot
2. M21.6x1 Other acquired deformities of right foot
3. M21.6x2 Other acquired deformities of left foot
4. M79.671 Pain in right foot
5. M79.672 Pain in left foot

<b><u>DVC GRP</u></b>	<b><u>COD</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>SIDE</u></b>	<b><u>QTY</u></b>
1	L3020	Custom Molded Longitudinal/Metatarsal Arch Supp	LT	1
2	L3020	Custom Molded Longitudinal/Metatarsal Arch Supp	RT	1

I AUTHORIZE THE ITEMS/SERVICES SHOWN ABOVE AND CERTIFY THAT THE  
INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE

\_\_\_\_\_  
PRESCRIBER SIGNATURE

**2/30/24**

\_\_\_\_\_  
DATE

**BOSTON ORTHOTICS & PROSTHETICS**

300 Longwood Ave  
Boston, MA 02115

# Clinical Summary

**Patient Name:** Marie Curie

**Person Number:** 210943812

**DOB:** 12/05/1900

**AGE:** 124

**Gender:** F

**Referring Physician:** Gregory House MD

**Visit Date:** 02/24/24

**Visit Type:** New Eval

**Where Seen:** Office

## Additional Details

**Service Type:** Orthotic

**Device Level/Type:** Foot orthosis

**Side:** bilateral

**Date of Onset:** several years

### Rx on file

1. M19.071 Primary osteoarthritis, right ankle and foot
2. M21.6x1 Other acquired deformities of right foot
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### Vitals

Temp	F/C	Health Screen	Ht ft	Ht in	Unable to Stand	Weight	Lbs /Kg	Prosthesis	Orthosis	W/C	Created	Last Modified By	Last Modified Date
			5	1		122	lbs				2/24/24	Greg House MD	2/24/24

### Non-therapeutic Shoes/Inserts Evaluation

Patient is being evaluated for Custom FO's

Patient has not previously received shoes or inserts

Cause of condition: Disease/Illness: osteoarthritis

Impact on patient:

- Decrease in ROM
- Decrease in functionality

Patient Name: Marie Curie  
Visit Date: 02/12/24  
Encounter Nbr: 14124591

- Pain/discomfort

Functional Goals:

- Protection of foot
- Reduction in pain
- Correction of deformity

Patient's chief complaint/issues:

Pain in both feet R>L under metatarsals and dorsum of the foot, arthritis pain

Current shoes/inserts:

Patient doesn't have existing footwear. Patient doesn't have an existing foot orthosis.

Insert recommendation and design Recommended:

Mfg: Hersco

Style/Part Number: Marathon Size: 8

Custom fabricated Mold taken:

- Biofoam or equal

Clinical rationale for custom orthoses:

- Foot shape/alignment will not accommodate prefabricated design
- Special modification to provide relief to specific site (identify site): met bars

Describe materials/design to be utilized:

herschco marathon, semi-rigid with ppt and spenco to cover. Full length with B/L met bars R 3-4\*  
medial RF/FF posting

Inserts to be ordered

Estimated date of delivery: 3/1/2024

Comments:

Patient seen in office for FO eval. Patient states she has arthritis in her feet that causes pain in the middle of her foot on the plantar aspect and top of metatarsals. Patient has bony growth on the dorsum of right foot that she had a steroid shot. Patient has had 3 bunion surgeries, heel spurs surgeries, 5th toe surgery. No hx of FOs or other injuries. Today visual evaluation and skin inspection was performed. Patient has callusing under metatarsals bilaterally. No other signs of skin breakdown or wounds. Took impressions of patient's feet. Patient scheduled for 4 weeks delivery.  
shoe size 8 - converse, or gym shoes

Patient requires FO for support of weakened feet, reduction in pain, and prevention of deformity progression.

The patient tolerated the procedure without incident or problem.

Completed and Reviewed by: Gregory House MD 02/24/24

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Encounter Nbr:	14124591

