

**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

| <u>DVC GRP</u> | <u>COD</u> | <u>DESCRIPTION</u> | <u>SIDE</u> | <u>QTY</u> |
|----------------|------------|---|-------------|------------|
| 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
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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:

hersch 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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