



▶ **Date**

▶ **Patient Name**

▶ **Prescription** Surestep Pullover AFO

▶ **Diagnosis/ICD10**

▶ **Expected Length of Need** Indefinite

▶ **Effective Date of Prescription**

▶ **Medical Reason of Need:**

Medically necessary to provide support and stability to the foot and ankle complex, reduce undesired movement at the ankle joint, improve standing / walking balance, assist with clearance during swing phase, improve alignment throughout the lower extremities and reduce the risk of injury due to falls.

.....
Physician Signature

.....
Physician Phone #

.....
Date

.....
Physician UPIN #