



▶ **Date**

▶ **Patient Name**

▶ **Prescription** Surestep DeRotation Straps

▶ **Diagnosis/ICD10**

▶ **Expected Length of Need** Indefinite

▶ **Effective Date of Prescription**

▶ **Medical Reason of Need:**

Medically necessary to reduce mild internal/external deviations of the lower extremity throughout the gait cycle through the use of dynamic torsion straps which allow freedom to movement but encourage correct positioning in the transverse plane.

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Physician Signature

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Physician Phone #

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Date

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Physician UPIN #