



▶ **Date** .....

▶ **Patient Name** .....

▶ **Prescription** ..... Surestep SMO

▶ **Diagnosis/ICD10** .....

▶ **Expected Length of Need** ..... Indefinite

▶ **Effective Date of Prescription** .....

▶ **Medical Reason of Need:**

Medically necessary to provide support and stability for the foot and ankle complex, reduce the stress on the knee and hip joints, provide improved alignment throughout the lower extremities, encourage a more even, stable gait, decrease energy expenditure necessary for ambulation, encourage improved development of upright gross motor skills and decrease the risk of injury due to falls.

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Physician Signature

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Physician Phone #

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Date

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Physician UPIN #