surestep

Prescription and Letter of Medical Necessity For Orthotic, Prosthetic and Pedorthic Services

- **Date** .....
- **Patient Name** .....
- **Prescription** ..... 2 Stage AFO
- **Diagnosis/ICD10** .....
- **Expected Length of Need** .....
- **Effective Date of Prescription** .....
- **Medical Reason of Need:**

Medically necessary to provide support and stability for the foot and ankle complex, facilitate reduced ankle movement, improve standing/ walking balance, decrease genu-recurvatum and reduce 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 #