

Walker Compliance Packet

This Packet has 10 Pages to insure proper documentation and DME compliance.

Pages:

- 1) Walker Compliance Packet and Checklist
- 2) Biomechanical Evaluation (page 1)
- 3) Biomechanical Evaluation (page 2)
- 4) Tests and Gait Evaluation
- 5) Document of Medical Necessity Custom Molded Walker
- 6) Prescription (Rx) Custom Molded Walker
- 7) Walker Portfolio AFO Order Form
- 8) Proof of Delivery
- 9) Medicare DMEPOS Supplier Standards
- 10) Dispensing Documentation Custom Molded Walker

Below is a check list to ensure all items are completed

TO BE COMPLETED BY PHYSICIAN:

Biomechanical Evaluation for Patient Medical Record

- Medical necessity documents

Medical Necessity Form

- Supports AFO usage qualification
- Evaluates necessity for prefabrication device
- Demonstrates necessity for custom fitting
- Support for selection code(s)

Prescription

- Patient name (printed)
- Item Description
 - Left Right Bilateral
- Diagnosis
- Clinician name (printed)
- Clinician signature
- Date

TO BE GIVEN TO PATIENT:

Proof of Delivery (provide copy to patient)

- Patient name (printed)
- Patient address
- Item description
- Item code(s):
- Patient signature
- Delivery date
- DMEPOS Supplier Standards

TO BE COMPLETED BY SUPPLIER/CLINICIAN

Dispensing Chart Notes

- Orthosis type
- Demonstrates fitting
- Document patient satisfaction



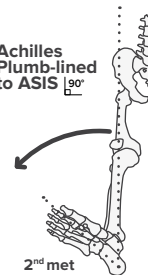
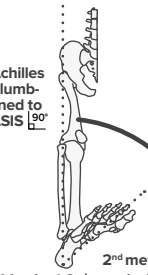
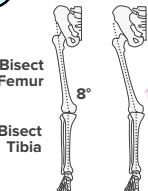
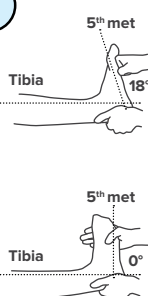
Biomechanical Evaluation (page 1)

A PATIENT

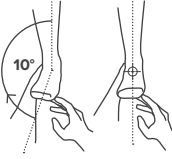
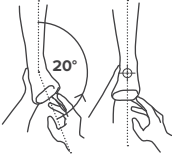
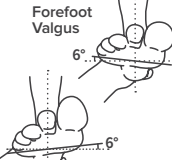
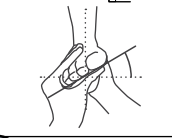
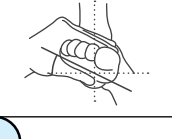



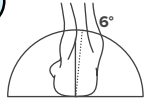
First Name	Duration:
Last Name	Onset:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F Height	Weight
Date of birth MM/DD/YYYY Subjective shoe size	Course
Diagnosis	Aggravating/Alleviating Factors:

B LOWER EXTREMITY DATA - RIGHT

LEFT - LOWER EXTREMITY DATA

1 	ASIS Width (cm)		
	14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> Average male Average female		
Perform in Fowler or supine position 	RIGHT	External Hip Excursion	LEFT
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>
	0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/> 54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/> 72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/> 90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/> 104° <input type="checkbox"/>		0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/> 54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/> 72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/> 90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/> 104° <input type="checkbox"/>
Vertical 2 nd met is 0°			Vertical 2 nd met is 0°
2 Perform in Fowler or supine position 	RIGHT	Internal Hip Excursion	LEFT
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/>
	0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/> 54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/> 72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/> 90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/>		0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input checked="" type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/> 54° <input type="checkbox"/> 56° <input type="checkbox"/> 58° <input type="checkbox"/> 60° <input type="checkbox"/> 62° <input type="checkbox"/> 64° <input type="checkbox"/> 66° <input type="checkbox"/> 68° <input type="checkbox"/> 70° <input type="checkbox"/> 72° <input type="checkbox"/> 74° <input type="checkbox"/> 76° <input type="checkbox"/> 78° <input type="checkbox"/> 80° <input type="checkbox"/> 82° <input type="checkbox"/> 84° <input type="checkbox"/> 86° <input type="checkbox"/> 88° <input type="checkbox"/> 90° <input type="checkbox"/> 92° <input type="checkbox"/> 94° <input type="checkbox"/> 96° <input type="checkbox"/> 98° <input type="checkbox"/> 100° <input type="checkbox"/> 102° <input type="checkbox"/>
Vertical 2 nd met is 0°			Vertical 2 nd met is 0°
3 Fowlers, supine or standing 	RIGHT	Genu Valgum	LEFT
	Bisect Femur 8° 14° Bisect Tibia		Bisect Femur 14° 8° Bisect Tibia
	-8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input checked="" type="checkbox"/> 10° <input checked="" type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/>		-8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input checked="" type="checkbox"/> 10° <input checked="" type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/>
4 	RIGHT	Foot Dorsiflexion Excursion	LEFT
	Tibia 18° 5 th met Tibia 0°		Tibia 18° 5 th met Tibia
	Silfverskiold Push Up 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input checked="" type="checkbox"/> 20° <input checked="" type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/>		0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input checked="" type="checkbox"/> 20° <input checked="" type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/>
	Inverted Silfverskiold Test -12° <input type="checkbox"/> -10° <input type="checkbox"/> -8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input checked="" type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/>		-12° <input type="checkbox"/> -10° <input type="checkbox"/> -8° <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input checked="" type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/>

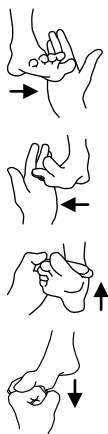
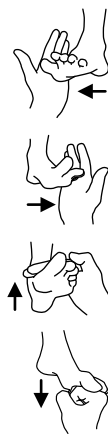





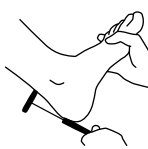






Biomechanical Evaluation (page 2)

B LOWER EXTREMITY DATA - RIGHT		LEFT - LOWER EXTREMITY DATA	
5 Achilles plumb-lined to ASIS 90° 	RIGHT	Subtalar Joint Eversion Excursion	LEFT
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input checked="" type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input checked="" type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/>
Achilles plumb-lined to ASIS 90° 	RIGHT	Subtalar Joint Inversion Excursion	LEFT
	Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input checked="" type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>		Quality of motion: Tight <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> -6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input checked="" type="checkbox"/> 20° <input type="checkbox"/> 22° <input type="checkbox"/> 24° <input type="checkbox"/> 26° <input type="checkbox"/> 28° <input type="checkbox"/> 30° <input type="checkbox"/> 32° <input type="checkbox"/> 34° <input type="checkbox"/> 36° <input type="checkbox"/> 38° <input type="checkbox"/> 40° <input type="checkbox"/> 42° <input type="checkbox"/> 44° <input type="checkbox"/> 46° <input type="checkbox"/> 48° <input type="checkbox"/> 50° <input type="checkbox"/> 52° <input type="checkbox"/>
6 Achilles plumb-lined to ASIS 90° Forefoot Valgus 	RIGHT	Forefoot Mean Alignment	LEFT
	Plantigrade: Heel, 1 st and 5 th <input type="checkbox"/> Valgus 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> Varus <input checked="" type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/>		Plantigrade: Heel, 1 st and 5 th <input type="checkbox"/> Valgus 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/> Varus <input checked="" type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/> 14° <input type="checkbox"/> 16° <input type="checkbox"/> 18° <input type="checkbox"/>
7 Achilles plumb-lined to ASIS 90° 	RIGHT	Midfoot Flexibility Test	LEFT
	0° - 10° <input type="checkbox"/> 11° - 20° <input type="checkbox"/> 21° - 30° <input type="checkbox"/> <input checked="" type="checkbox"/> 31° - 40° <input type="checkbox"/> <input checked="" type="checkbox"/> 41° - 50° <input type="checkbox"/> <input checked="" type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/>		0° - 10° <input type="checkbox"/> 11° - 20° <input type="checkbox"/> 21° - 30° <input type="checkbox"/> <input checked="" type="checkbox"/> 31° - 40° <input type="checkbox"/> <input checked="" type="checkbox"/> 41° - 50° <input type="checkbox"/> <input checked="" type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/>
8 Achilles plumb-lined to ASIS 90° 	RIGHT	Reverse Midfoot Flexibility Test	LEFT
	0° - 10° <input type="checkbox"/> <input checked="" type="checkbox"/> 11° - 20° <input type="checkbox"/> <input checked="" type="checkbox"/> 21° - 30° <input type="checkbox"/> <input checked="" type="checkbox"/> 31° - 40° <input type="checkbox"/> 41° - 50° <input type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/>		0° - 10° <input type="checkbox"/> <input checked="" type="checkbox"/> 11° - 20° <input type="checkbox"/> <input checked="" type="checkbox"/> 21° - 30° <input type="checkbox"/> <input checked="" type="checkbox"/> 31° - 40° <input type="checkbox"/> 41° - 50° <input type="checkbox"/> 51° - 60° <input type="checkbox"/> 61° - 70° <input type="checkbox"/> 71° - 80° <input type="checkbox"/> 81° - 90° <input type="checkbox"/> 91° - 100° <input type="checkbox"/>
9 	RIGHT	Weight-bearing Foot Anatomical Structure	LEFT
	 <input type="checkbox"/> Severe Pes Cavus <input type="checkbox"/> Moderate Pes Cavus <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Moderate Pes Planus <input type="checkbox"/> Severe Pes Planus		 <input type="checkbox"/> Severe Pes Planus <input type="checkbox"/> Moderate Pes Planus <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Moderate Pes Cavus <input type="checkbox"/> Severe Pes Cavus
10 	⊕ LEFT	Kevin's Angle	RIGHT ⊖
	-6° <input type="checkbox"/> -4° <input type="checkbox"/> -2° <input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> <input checked="" type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8° <input type="checkbox"/> 10° <input type="checkbox"/> 12° <input type="checkbox"/>		12° <input type="checkbox"/> 10° <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> <input checked="" type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/> -2° <input type="checkbox"/> -4° <input type="checkbox"/> -6° <input type="checkbox"/>


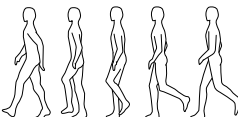
Notes.....
 Clinician.....

Tests and Gait Evaluation

C LOWER EXTREMITY TESTING - RIGHT LEFT - LOWER EXTREMITY TESTING

11	RIGHT	Extrinsic Muscle Testing	LEFT
		<p>Invertors</p> <p><u>5/5</u> <input type="checkbox"/> 4/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 4/5 <input type="checkbox"/> <u>5/5</u> <input type="checkbox"/></p> <p>Evertors</p> <p><u>5/5</u> <input type="checkbox"/> 4/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 4/5 <input type="checkbox"/> <u>5/5</u> <input type="checkbox"/></p> <p>Dorsiflexors</p> <p><u>5/5</u> <input type="checkbox"/> 4/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 4/5 <input type="checkbox"/> <u>5/5</u> <input type="checkbox"/></p> <p>Plantar Flexors</p> <p><u>5/5</u> <input type="checkbox"/> 4/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 0/5 <input type="checkbox"/> 1/5 <input type="checkbox"/> 2/5 <input type="checkbox"/> 3/5 <input type="checkbox"/> 4/5 <input type="checkbox"/> <u>5/5</u> <input type="checkbox"/></p>	
12	RIGHT	Neurological Testing	LEFT
		<p>Romberg</p> <p><u>Balance intact</u> <input type="checkbox"/> Positive Romberg <input type="checkbox"/> Positive Romberg <input type="checkbox"/> <u>Balance intact</u> <input type="checkbox"/></p>	
		<p>Patellar Reflex</p> <p>Absent despite reinforcement <input type="checkbox"/> <input type="checkbox"/> Absent despite reinforcement</p> <p>Present only with reinforcement <input type="checkbox"/> <input type="checkbox"/> Present only with reinforcement</p> <p><u>Normal</u> <input type="checkbox"/> <u>Normal</u> <input type="checkbox"/></p> <p>Increased but normal <input type="checkbox"/> <input type="checkbox"/> Increased but normal</p> <p>Markedly hyperactive, with clonus <input type="checkbox"/> <input type="checkbox"/> Markedly hyperactive, with clonus</p>	
		<p>Achilles Reflex</p> <p>Absent despite reinforcement <input type="checkbox"/> <input type="checkbox"/> Absent despite reinforcement</p> <p>Present only with reinforcement <input type="checkbox"/> <input type="checkbox"/> Present only with reinforcement</p> <p><u>Normal</u> <input type="checkbox"/> <u>Normal</u> <input type="checkbox"/></p> <p>Increased but normal <input type="checkbox"/> <input type="checkbox"/> Increased but normal</p> <p>Markedly hyperactive, with clonus <input type="checkbox"/> <input type="checkbox"/> Markedly hyperactive, with clonus</p>	
<p>Positive <input type="checkbox"/> Absent <input type="checkbox"/></p> 		<p>Babinski Sign</p> <p><u>Absent</u> <input type="checkbox"/> Positive <input type="checkbox"/> Positive <input type="checkbox"/> <u>Absent</u> <input type="checkbox"/></p>	<p>Absent <input type="checkbox"/> Positive <input type="checkbox"/></p> 
<p>Absent <input type="checkbox"/></p> 		<p>Ankle Clonus</p> <p><u>Absent</u> <input type="checkbox"/> Positive (5 beats or more) <input type="checkbox"/> Positive (5 beats or more) <input type="checkbox"/> <u>Absent</u> <input type="checkbox"/></p>	<p>Absent <input type="checkbox"/></p> 
		<p>Protective Sensation (Semmes Weinstein)</p> <p><u>Present</u> <input type="checkbox"/> Absent <input type="checkbox"/> Absent <input type="checkbox"/> <u>Present</u> <input type="checkbox"/></p>	

D Gait Evaluation

	<p>Gait Pattern</p> <p><u>Normal</u> <input type="checkbox"/></p> <p>Hemiplegic <input type="checkbox"/> Spastic Diplegic <input type="checkbox"/> Neuropathic <input type="checkbox"/> Myopathic <input type="checkbox"/> Parkinsonian <input type="checkbox"/> Choreiform <input type="checkbox"/> Ataxic (cerebellar) <input type="checkbox"/> Sensory <input type="checkbox"/></p> <p>Comment on head, shoulders, spine, pelvis, sagittal/transverse/frontal posture, etc.:</p> <p>.....</p> <p>.....</p>	
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Document of Medical Necessity Custom Molded Walker

Patient Name:

HICN:

Prognosis: good

Duration of usage: 12 months

I certify that patient..... qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria.

- The patient is:
- Ambulatory
 - Has weakness or deformity of the foot and ankle
 - Requires stabilization for medical reasons
 - Has the potential to benefit functionally

Sufficient documentation of the medical condition found in the patient's medical record confirms the necessity for the type and quantity of items ordered.

Therapy Goals (mark all that apply):

- To improve mobility
- To improve stability of lower extremity
- Decrease pain
- Aid healing soft tissue
- Promote immobilization, healing and treatment of injury

NECESSITY OF ANKLE FOOT ORTHOSIS MOLDED TO PATIENT MODEL

The following criteria, which are specific to the condition of this patient, has justified the prescription of a custom ankle foot orthosis over prefabricated items. (mark all that apply):

- Patient could not successfully be fitted with a prefabricated AFO
- Condition necessitating the orthosis is expected to be permanent or lasting for a duration of more than 6 months
- Ankle or foot control is required on more than one plane of motion
- Adequate documentation of a neurological, circulatory, or orthopedic condition that requires custom fabrication has been provided by the patient
- Patient has display a lack of normal anatomical integrity or anthropometric proportions regarding a healing fracture

I hereby certify that an ankle foot orthotic described above is a semi-rigid or rigid device whose use is solely intended for the support of a weak or deformed limb or the restriction and/or elimination of motion in an injured and/or diseased part of the body. The AFO is designed to provide the appropriate stabilization, support and counterforces necessary for the limb or other extremity that requires bracing. All of the observations, physical exams, and documentation has provided me with enough sound evidence that it is my opinion that a custom molded ankle foot orthosis is both reasonable and necessary in reference to the accepted guidelines of medical practice in the treatment of the patient condition and rehabilitation.

Prescribing Clinician (printed name):

Signature of Prescribing Clinician:

Phone: Type I NPI:

Date:/...../.....
MM DD YYYY

Prescription (Rx) Custom Molded Walker

BASIC INFORMATION:

Clinician Name: Patient Name:
 Prognosis:
 Duration of usage: Product Brand & Model:

PRODUCT INFORMATION (MARK ALL NECESSARY CODES AND ADDITIONS THAT APPLY)

Walker AFO Collection

C100 Charcot Restraint Orthotic Walker (CROW)

L L4631 Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated

C200 Tundra Boot

L L1960 Ankle foot orthosis, posterior solid ankle, plastic custom fabricated
 L L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
 L L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
 L L2280 Addition to lower extremity, molded inner boot
 L L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
 L L3010 Foot, insert, removable, molded to patient model, longitudinal arch support, each

C250 Tundra Sandal

L L1960 Ankle foot orthosis, posterior solid ankle, plastic custom fabricated
 L L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
 L L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
 L L2280 Addition to lower extremity, molded inner boot
 L L2820 Addition to lower extremity orthosis, soft interface for molded

DX (MARK ALL THAT APPLY) Corresponds to Biomechanical Examination Form

Adult Acquired Flatfoot (PTTD)	Flat foot [pes planus] (acquired)	<input type="checkbox"/> R - M21.41	<input type="checkbox"/> L - M21.42
	Spontaneous rupture of other tendons, ankle and foot	<input type="checkbox"/> R - M66.871	<input type="checkbox"/> L - M66.872
	Disorder of ligament, ankle	<input type="checkbox"/> R - M24.271	<input type="checkbox"/> L - M24.272
	Disorder of ligament, foot	<input type="checkbox"/> R - M24.274	<input type="checkbox"/> L - M24.275
	Other acquired deformities of foot	<input type="checkbox"/> R - M21.6X1	<input type="checkbox"/> L - M21.6X2
Lateral Ankle Instability	Other specific joint derangements of ankle, not elsewhere classified	<input type="checkbox"/> R - M24.871	<input type="checkbox"/> L - M24.872
Amputation	Acquired absence of great toe	<input type="checkbox"/> R - Z89.411	<input type="checkbox"/> L - Z89.412
	Acquired absence of other toe(s)	<input type="checkbox"/> R - Z89.421	<input type="checkbox"/> L - Z89.422
	Acquired absence of foot	<input type="checkbox"/> R - Z89.431	<input type="checkbox"/> L - Z89.432
Foot Drop	Foot Drop, acquired	<input type="checkbox"/> R - M21.371	<input type="checkbox"/> L - M21.372
	Hemiplegia - affecting [right/left] dominant side	<input type="checkbox"/> R - I69.951	<input type="checkbox"/> L - I69.952
	Hemiplegia - affecting [right/left] non-dominant side	<input type="checkbox"/> R - I69.953	<input type="checkbox"/> L - I69.954
DJD of Ankle and Rearfoot	Primary osteoarthritis, ankle and foot	<input type="checkbox"/> R - M19.071	<input type="checkbox"/> L - M19.072
	Pain in ankle and joints of foot	<input type="checkbox"/> R - M25.571	<input type="checkbox"/> L - M25.572
	Pain in lower leg	<input type="checkbox"/> R - M79.661	<input type="checkbox"/> L - M79.662
	Pain in foot	<input type="checkbox"/> R - M79.671	<input type="checkbox"/> L - M79.672
	Other specified congenital deformities of feet	<input type="checkbox"/> Q66.89	
	Other		

THERAPY GOAL(S): (MARK ALL THAT APPLY)

To improve mobility Promote healing soft tissue Decrease pain To improve stability of lower extremity Treatment of injury

CLINICIAN INFORMATION:

Prescribing Clinician (printed name):
 Signature of Prescribing Clinician:
 Type I NPI: **Order Date:** MM / DD / YYYY

1 CLINICIAN REQUIRED

Account Location
 PO Number
 Clinician
 Clinician Email



Tel: 1-800-496-0987
 Fax: 1-866-919-9268
 www.kevinrootmedical.com
 hello@kevinrootmedical.com



Walker AFO Portfolio Order Form

ORDER FORM PAGE 1 OF 1

Contact me to review Order Form Date: MM/DD/YYYY Rush order due date: MM/DD/YYYY

2 PATIENT REQUIRED

Patient's Email
 First Name
 Last Name
 DOB MM/DD/YYYY Sex: M F Weight Height

3 SIDE

Use separate Rx for each side

Right

Left

IMPRESSION



Plaster



STS Casting Socks



3D Foot Scanner



Fiberglass Casting Tape

FITTING

Shoe size:

Fit AFO to submitted:

Tracing of foot

4 WALKER AFO REQUIRED



C100 CROW

- Custom to impression
- 6mm poly frame
- Airplast liner
- 12mm plastazote & Myolight (poron) removable insole
- 3 velcro closures

OPTIONS

- Plastazote liner
- Holes for ventilation

FRAME 5mm

Codes: L4631



C200 Tundra Boot

- Custom to impression
- Fibula height
- 6mm poly frame
- Leather liner
- Lace/velcro closure

OPTIONS

- Plastazote liner
- All Velcro closure
- Lace/speed hook

FRAME 5mm 4mm 3mm

Codes: L1960, L2230, L2820, L2232, L2280, L3400

HEIGHT

- Fibula height**
- Patella height (PTB)
- Mid-leg height



C250 Tundra Sandal

- Custom to impression
- 6mm poly frame
- Leather liner
- Velcro closures
- Device to toes

OPTIONS

- Plastazote liner
- Lace/speed hook

FRAME 5mm 4mm 3mm

Codes: L1940, L2230, L2820, L2232, L2280, L3400

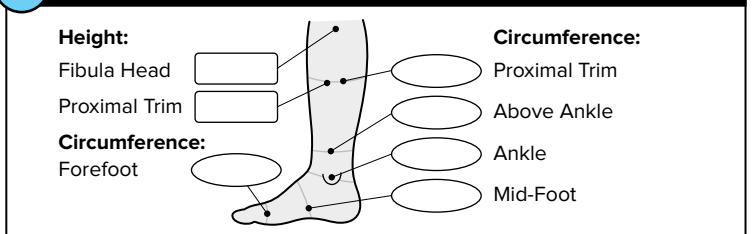
HEIGHT

- Mid-leg height**
- Patella height (PTB)
- Fibula height

5 IMPRESSION PREPARATION REQUIRED

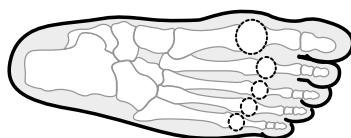
Ankle	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
Rearfoot	<input type="checkbox"/> As is <input type="checkbox"/> Correct to 90°	
Forefoot	<input type="checkbox"/> As is <input type="checkbox"/> Balance FF to RF	

A MEASUREMENTS OPTIONAL



B ROCKER OPTIONS OPTIONAL

<input checked="" type="checkbox"/> MID ROCKER	<input type="checkbox"/> DOUBLE ROCKER	<input type="checkbox"/> SEVERE ROCKER	<input type="checkbox"/> FOREFOOT ROCKER	<input type="checkbox"/> WEDGE	<input type="checkbox"/> BUTTRESS <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> HEEL TO TOE LIFT Amount of Lift:
<input type="checkbox"/> HEEL TO TOE	<input type="checkbox"/> BEVELLED HEEL	<input type="checkbox"/> NEGATIVE HEEL ROCKER	<input type="checkbox"/> LOP ROCKER	<input type="checkbox"/> WIDE BASE	<input type="checkbox"/> Solid Ankle Cushioned Heel (S.A.C.H.)	<input type="checkbox"/> HEEL LIFT Amount of Lift:



Special Instructions/Diagnosis:
 Toe Filler:
 Ulcer issues YES NO If yes, please explain:

Proof of Delivery - original in patient's chart, copy given to patient

SUPPLIER INFORMATION

Supplier Name:
HICN:.....

PRODUCT INFORMATION (MARK ALL NECESSARY CODES AND ADDITIONS THAT APPLY)

Walker AFO Collection

C100 Charcot Restraint Orthotic Walker (CROW)

R L L4631 Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated

C200 Tundra Boot

R L L1960 Ankle foot orthosis, posterior solid ankle, plastic custom fabricated
R L L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
R L L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
R L L2280 Addition to lower extremity, molded inner boot
R L L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
R L L3010 Foot, insert, removable, molded to patient model, longitudinal arch support, each

C250 Tundra Sandal

R L L1960 Ankle foot orthosis, posterior solid ankle, plastic custom fabricated
R L L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
R L L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
R L L2280 Addition to lower extremity, molded inner boot
R L L2820 Addition to lower extremity orthosis, soft interface for molded

Usage Instructions:

This ankle foot orthosis has been dispensed to you to assist in immobilizing your foot and ankle. Any AFO requires a period of adjustment (usually two weeks) and it is best worn for one hour on the first day, with one additional hour added from the previous day. Please continue this process for two weeks. The device should only be removed as intended and instructed by your physician. If tightening of the brace should occur, you may be walking too frequently. It is recommended to get off your feet and elevate your foot until the tightness resolves. If tightness or uncomfotability continues, please contact the Kevin Orthopedic office immediately. If the device cracks or breaks, remove it promptly and do not wear again until you contacted our office immediately. Do not use a cracked or broken brace. The closures of the brace should be kept clean to ensure the device can be properly secured. Skin moisturizes and knee high socks can be used to prevent skin irritation.

Material failure warranty coverage:

Any hardware, plastic or metal components are covered at no-charge for up to 2 years. All soft materials are covered at no-charge for up to ninety days, including: material covers, Velcro straps, laces, and limb support pads.

I have read the posted Complaint Resolution Policy and have been provided a copy of the Medicare Supplier Standards. I certify that I have received the item(s) that have been indicated. The supplier has reviewed and provided me with written instructions of proper usage and care. I understand that improper care for this item(s) will result in a voided warranty. A voided warranty as a result of improper care could result in my responsibility for future repairs or replacements costs if my insurance policy will not cover those costs. The supplier has instructed me to call the office if any difficulties or problems with the device arise.

Patient Name (printed) Patient Signature:
Patient Address: Delivery Date: / /
MM DD YYYY

Provide a copy to patient

Disclaimer: The codes within these pages are the offered suggestion based upon the HCPCS and ICD-10 codes provided by hcpcs.org and icdlist.com. Each prescribing practitioner should contact their local consultant or Medicare office to verify all billing codes, regulations and guidelines according to their geographic region.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders.
A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics. DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary. The products and/or services provided to you by (Kevin Orthopedic) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Dispensing Documentation Custom Molded Walker

PATIENT INFORMATION

Patient Name:

HICN:.....

PRODUCT INFORMATION (MARK ALL NECESSARY CODES AND ADDITIONS THAT APPLY)

Walker AFO Collection

C100 Charcot Restraint Orthotic Walker (CROW)

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C250 Tundra Sandal

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 R L L2280 Addition to lower extremity, molded inner boot
 R L L2820 Addition to lower extremity orthosis, soft interface for molded

Note:

S) At the time of the patient's visit, a custom fabricated AFO was dispensed and fitted. Although the patient is ambulatory, their condition and related symptoms deem that this medical device is necessary as part of their treatment. It is anticipated that this device will functionally benefit the patient. This custom device is appropriate and utilized in an attempt to avert surgery and because a prefabricated device is inappropriate for the patient's condition.

O) The device appears to fit well and comfortably on the patient during a gait analysis.

A) Regarding the good fit, the patient was able to wear properly and ambulate without concern or distress. This device's function is to assist motion and provide ankle joint stabilization.

P) The patient had received satisfactory information on the goals and functions of the device. Demonstrations of proper application, wear, and care for the device were shown to the patient. The patient was told that the device will function and can fit best externally on a variety of shoes, including: running shoes, lace and velcro-fastening shoes/boots, walking shoes/boots, safety work boots/shoes, dress shoes and sandals. The device was suitable for the patient's condition and not substandard when dispensed. The patient received no guarantees and reviewed all precautions. Written instructions, warranty information and a copy of DMEPOS Supplier standards were provided to the patient. All and any questions were answered.

Additional Notes:.....

Print Supplier Name:..... Supplier Signature:

Dispensing Date:/...../.....
MM DD YYYY