

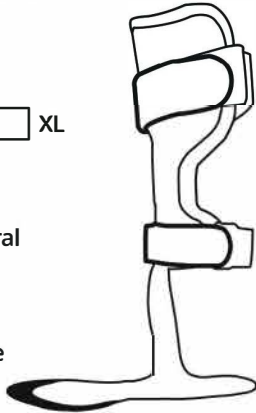
## PRESCRIPTION FORM

PATIENT NAME _____ DATE OF BIRTH _____ PATIENT PHONE _____ ICD-10 CODE _____ DIAGNOSIS _____ PATIENT SHOE SIZE _____ PHYSICIAN NAME _____ PHYSICIAN NPI# _____	FACILITY NAME _____ ADDRESS _____ _____ CITY _____ STATE _____ ZIP _____ OFFICE PHONE _____ OFFICE FAX _____
---	--

## PRESCRIBED PRODUCT

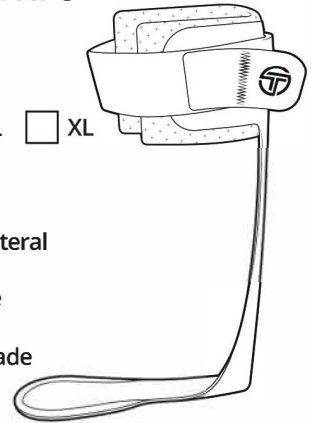
**F3 - ANTERIOR AFO**  
L1932

- XS    S    M    L    XL  
 Fitter to Determine  
 Left    Right    Bilateral  
 Magnetic Strap Upgrade  
 Symmetry T-Strap Upgrade



**F5 - POSTERIOR AFO**  
L1951

- XS    S    M    L    XL  
 Fitter to Determine  
 Left    Right    Bilateral  
 Magnetic Strap Upgrade  
 Symmetry T-Strap Upgrade



PREFERRED ORTHOTICS AND PROSTHETICS CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

PHYSICIAN/PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (WITH CREDENTIALS)

### DISPENSE AS WRITTEN. NO SUBSTITUTIONS.

I certify the accuracy of this Rx for the Thrive Orthopedics F-Series Carbon Fiber AFO(s) and that I am the physician identified in this form. I certify that the medical information provided above and in the supplementary documentation is true, accurate, and completed to the best of my knowledge. The patient record contains the supplementary documentation to substantiate the medical necessity of the Thrive Orthopedics AFO(s) and physician notes will be provided to the authorized Thrive Orthopedics distributor by request. By providing this form to an authorized Thrive Orthopedics distributor, I acknowledge that the patient is aware that he or she may be contacted by said distributor for any additional information to process this order.  
 \*The Thrive Orthopedics F-Series AFO(s) are approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System (HCPCS) codes L1932 and L1951. Patients must qualify to meet insurance eligibility requirements. Durable Medical Equipment companies are ultimately responsible for ensuring that the reimbursement criteria for a specific insurance plan and patient situation are satisfied.