



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

Date: _____

Patient Name: _____

Prescription: SureStep Indy2Stage AFO _____

Diagnosis/ICD-9: _____

Expected Length of Need: _____

Effective Date of Prescription: _____

Medical Reason for 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.

Physicians Signature

Date

Physicians Phone #

Physicians UPIN #