



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

Date:

PATIENT'S NAME: _____

PRESCRIPTION: SureStep H.e.k.o. (Hyperextension knee orthosis)

DIAGNOSIS /ICD-9: _____

EXPECTED LENGTH OF NEED: Indefinite

EFFECTIVE DATE OF PRESCRIPTION: _____

MEDICAL REASON FOR NEED: Medically necessary to provide support and stability to the knee complex, reduce genu-recurvatum, reduce genuvalgum and reduce trauma to the ACL, PCL and medial collateral ligaments of the knee.

(Physicians Signature)

(Physicians Phone #)

(Date)

(Physicians UPIN #)