



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

Date:

PATIENT'S NAME: _____

PRESCRIPTION: SureStep TLSO

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 through the thoracic, lumbar and sacral spine, slow progression of scoliotic curvature, correct sitting and standing posture to midline, facilitate improved head control and improve swallowing. This is accomplished through circumferential compression of the trunk using a lightweight, flexible thermoplastic to aid in supporting the trunk without immobilization.

(Physicians Signature)

(Physicians Phone #)

(Date)

(Physicians UPIN #)