

Durable Medical Equipment Dispensing Form

DEVICES PRESCRIBED

<ul style="list-style-type: none"> <input type="checkbox"/> Prefabricated Ankle Gauntlet: Air Heel(L1902) <input type="checkbox"/> Prefabricated Multiligamentous Ankle Brace (Gameday) (L1906) <input type="checkbox"/> Prefabricated Drop Foot Brace (L1930) <input type="checkbox"/> Prefabricated AFO, Rigid Anterior Tibial Section (L1932) <input type="checkbox"/> Prefabricated AFO Spiral, Peromax, (L1951) <input type="checkbox"/> Prefabricated AFO with Ankle Joint: Zero-G (L1971, L2220 X2, L2265) <input type="checkbox"/> Prefabricated Soft Tibial Fracture Orthosis (L2112) <input type="checkbox"/> Prefabricated Semi-Rigid Tibial Fracture Orthosis (L2114) <input type="checkbox"/> Prefabricated Walker Boot-Non-Pneumatic (L4386) w/ custom molded inner boot (L2280) <input type="checkbox"/> Prefabricated Ankle Stirrup Brace (L4350) <input type="checkbox"/> Prefabricated Walker Boot-Pneumatic (L4360) <input type="checkbox"/> Prefabricated Walker Boot-Non-Pneumatic (L4386) <input type="checkbox"/> Prefabricated Night Splint (L4396) <input type="checkbox"/> Prefab Drop Foot Splint, Recumbent Positioning Device (L4398) Dressings: <input type="checkbox"/> Collagen Products (Prisma, Promogran, Fibricol (A6021) <input type="checkbox"/> 4X4 Gauze (pack of 50) (A6216) <input type="checkbox"/> Kerlex rolls (A6216) <input type="checkbox"/> Ace wrap/per roll (A4460) <input type="checkbox"/> Amerigel Saturated Gauze (A6213) <input type="checkbox"/> Silvercel (Alginate) (A6196) <input type="checkbox"/> Adaptic (A6222) <input type="checkbox"/> Foam (Polymem) (A6212) 	<ul style="list-style-type: none"> <input type="checkbox"/> Prefabricated Healing Shoe (L3260) <input type="checkbox"/> Prefabricated Removable Heel Lifts (L3332) <input type="checkbox"/> Prefabricated Removable insert (L3060, L3040) <input type="checkbox"/> Prefabricated Carbon Foot Plate (L3031) <input type="checkbox"/> Custom Ankle Foot Orthosis: <ul style="list-style-type: none"> <input type="checkbox"/> Arizona AFO (see coding in compliance documentation) <input type="checkbox"/> MBB Balance AFO (see coding in compliance documentation) <input type="checkbox"/> Custom Foot Orthoses (L3000, L3020, L3010, L3002) <input type="checkbox"/> Custom Toe Filler w/ longitudinal arch support (L5000) <input type="checkbox"/> Off the Shelf Diabetic Shoes (A5500) <input type="checkbox"/> Custom Diabetic Shoes (A5501) <input type="checkbox"/> Customized Diabetic Inserts (with heat gun) (A5512) <input type="checkbox"/> Custom Diabetic Foot Orthoses (A5513) <input type="checkbox"/> Shoe Modifications (_____) Compression: <input type="checkbox"/> Jobst/Juzo Compression Garments 30-40mmHg (6531) <input type="checkbox"/> Circaid (interlocking 30-40mmHg) (A6545) Crutches: <input type="checkbox"/> Pair: Aluminum Crutches (E0114)
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Supply Warranty Information

All devices eventually wear out through normal wear and tear. The products you received have a 1 month manufacturer's warranty against defects in materials and workmanship, assuming normal wear and tear (see product manual if applicable). We will repair or replace, free of charge, devices that are under warranty. For issues of initial fit, please return within 7 days to our office so that we can address concerns of the initial fit of the device. Due to the medical nature of most of these devices, they cannot be returned, unless defective and under warranty.

Regarding diabetic footwear/insoles: by signing below, I am certifying that I have NOT received any other diabetic shoes or inserts from another supplier during this calendar year. If you have received another set of shoes or insoles from another supplier, you may be responsible for the cost of the shoes and inserts.

- I received a copy of the privacy policy, on this visit or on a previous visit as noted in my medical record.
- I received Use, Care and Maintenance instructions, including Warranty information.
- I received the 30 DMEPOS supplier standards.
- I received my DMEPOS items.
- I received my copy of the Medicare DMEPOS supplier standards.

By signing below, I acknowledge and understand and agree to all of the above:

Patient signature

Date