

FOOT AND ANKLE PRESCRIPTION FORM

Patient Name: _____ Date: _____

Dx:

- ___ Achilles contracture 727.81
- ___ Instability of Joint/Ankle 718.87
- ___ Achilles tendonitis/bursitis 726.71
- ___ Ankle fusion 755.69
- ___ Ankle osteoarthritis 715.17
- ___ Apophysitis 732.5
- ___ Arthritis (Osteo) 719.60.
- ___ Arthritis (Rheum) 714.0
- ___ At Risk/History or Fall (V15.88)
- ___ Bunion 727.1
- ___ Heel spur 726.73
- ___ Cavovarus foot (acq) 735.75
- ___ Cavus foot 736.73
- ___ Charcot 713.5
- ___ Charcot-Marie-Tooth: 356.1
- ___ Claw toe 735.5
- ___ CVA-other late effects: 438.9
- ___ Diabetes 250. _____ (must include 2 digits)
- ___ DJD 715.0, 715. _____
- ___ Drop Foot-other: 736.79
- ___ Equinus foot 736.72
- ___ Gait abnormality/ staggering 781.2
- ___ Hallux Rigidus 735.2
- ___ Hallux Valgus (acq.) symptomatic 735.0
- ___ Hammer toe 735.4
- ___ Leg Length Discrepancy acq. 736.81
- ___ Metatarsalgia 726.70
- ___ Muscle weakness 728.87
- ___ Neuroma 355.6
- ___ Peroneal Tendonitis 726.79
- ___ Pes planus (acq.) 734.
- ___ Pes planus (cong.) 754.61
- ___ Plantar fasciitis 728.71
- ___ Rupture, Tendon, Ankle & Foot (727.68)
- ___ Sesmoiditis 733.99
- ___ Stress fracture unspec. 733.10
- ___ Tarsal tunnel 355.5
- ___ Tendonitis, tibialis (726.72)
- ___ Tibialis Tendonitis (posterior or anterior) 726.72
- ___ Unspecified deformity of the ankle/foot, acq.: 736.70
- ___ Other: _____

Rx:

- Foot orthotic:**
- ___ Dress Orthotic: Flats or Heels (Cobra)
 - ___ Casual/everyday (Semi-Rigid)
 - ___ Sport (all Semi-Rigid except Soccer/Cycling)
 - General sport Runners Basketball Soccer/cycling
 - ___ Highly Inverted _____ ° (for PTTD/ pronation)
 - ___ Hallux Rigidus Type (carbon fiber hallux support)
 - ___ Accommodative: Diabetic RA
 - ___ Toe Filler with arch support (L5000)

Shoes:

- ___ Shoes w/ depth/stability (**Casual/ Dress/ Sandal**)
- ___ Athletic Shoes
- ___ Diabetic Shoes with OTS inlays (3 2 1 pairs)
- ___ Custom Molded with orthoses (3 2 1 pairs)

Pneumatic/Non Pneumatic Walker

- ___ **Zero-G Offloading Boot Lt. Rt.**
- ___ **L1971, L2220, L2220, L2265**
- ___ Pneumatic Walker (Ossur): Lt. Rt.
- ___ Presence of edema (782.3)
- ___ Non Pneumatic Walker (Ossur) Lt. Rt.

Ankle Brace/ OTC AFO

- ___ Gameday (Ossur) (L1906)
- ___ Bledsoe Axiom (L1971)
- ___ AirHeel (Aircast) (L1902)
- ___ Peromax AFO (L1951)
- ___ Exoform-strap Ankle (Ossur) (L1906)

Other:

- ___ Compression Hose 30-40 mmhg
- ___ Jobst 30-40 mmg Circaid 30-40mmg
- ___ Plantar Fasciitis Night Splint (L4396)
- ___ _____
- ___ _____

Anticipated Length of need: 1 mos 3 mos 6 mos 1 year > 1 year

Goals of treatment: Resolution of symptoms, stabilization of the injured area, reduction of pain, strengthening of the anatomical area.

I hereby certify that the product prescribed above is absolutely needed in order to support/stabilize or facilitate healing for the condition that they have presented with. The items were dispensed in new, not substandard, condition and the patient was verbally taught how to use the product at home. Wear, break-in information was dispensed along with the 30 DME supplier standards.

Physician Signature

Date