



## RICHIE BRACE® AFO RECEIPT: Gauntlet | California

Name of Practitioner: \_\_\_\_\_

Address of Practitioner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Date of Dispensing: \_\_\_\_\_

Brace Serial #: \_\_\_\_\_

Doctor \_\_\_\_\_ has dispensed:

One Hinged Ankle Custom Ankle Foot Orthosis HCPC Code L1940 for Left / Right  
(circle Left or Right or both) Foot *with*:

(check all that apply)

- Lacer Molded to Patient Model: L2330 (applicable on Gauntlet only)
- Addition to Lower Extremity Molded Inner Boot: L2280
- Addition to Lower Extremity Varus/Valgus Control: L2275
- Orthotic Plate Accommodation: L3480
- Soft Interface: L2820

The above item(s) fits well, and is comfortable. I have received written instructions on how to use and care for them from Dr. \_\_\_\_\_. The warranty period is 6 months for hardware components (hardware, plastic, and metal components) and 90 days for all soft materials (crepe, top-covers, Velcro limb support pads). I have read the posted Complain Resolution policy and have been provided with a copy of the abbreviated 21 Medicare Supplier Standards. I understand that failure to properly care for these items will result in the warranty being void. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_