

# Proof of Delivery: Custom Molded Foot Orthotic Allied OSI Labs Fall Protection Brace

**DOCTORS NAME:**

**PHONE:**

**PATIENT NAME:**

**DOB:**

## DESCRIPTION OF ORTHOPEDIC BRACE AND BILLING CODES:

The following Ankle/Foot-Orthopedic Brace & Component Parts have been dispensed to the above patient on \_\_\_\_\_(Date).

- L1940 AFO, plastic solid shell, molded to patient model
- L2820 Soft interface, below knee
- L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricate orthosis only

## INSTRUCTIONS FOR USE:

You have been dispensed this custom molded ankle brace to stabilize your foot and ankle in order to prevent falls and imbalance. An AFO often requires a period of adjustment. It is best to wear it for one hour more each day to continue this for two weeks. It should only be removed as specifically instructed. If the brace feels too tight, get off your feet, loosen straps and elevate your foot until the tightness resolves. If your symptoms do not resolve, please contact our office immediately. Should the device crack or break, remove it and do not use it again until you contact our office. Straps should be kept clean of clothing fabric to insure the device is properly secured to your extremity. Apply a skin moisturizer and wearing knee high socks will prevent your skin from irritation.

I understand the office's Complaint Resolution Policy and have been provided a copy of the Medicare Supplier Standards. I certify that I have received the item(s) indicated. The supplier has reviewed the instructions for proper use and care and provided me with written instructions. I understand that failure to properly care for this item(s) will result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs. The supplier has instructed me to call the office if I have any difficulties or problems with the device.

**Additional Notes:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Patient Name:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

\_\_\_\_\_

Original in patient's chart, copy to patient

The codes contained herein are not the official position or endorsement of any organization or company. Each prescribing practitioner should contact his or her local carrier or Medicare office to verify billing codes, regulations and guidelines relevant to their geographic location.