Dispensing Chart Notes:

Custom Molded Ankle Foot Orthotic

Patient Name: HICN: DOB: / / .

Dx: (check all that apply)

DJD of Ankle and Rearfoot

 Osteoarthritis, Localized Primary Ankle & Foot

 Arthropathy, unspecified, ankle and foot

 Pain in joint, ankle, foot

Lateral Ankle Instability

 Instability of Joint, Ankle & Foot

**Dropfoot**

 Dropfoot Hemiplegia

Fall Risk/Imbalance

At Risk/History of Fall

 Muscle weakness

 Ataxia, muscular incoordination

 Gait abnormally/ staggering, ataxic

**Circle Quantity**: Bilateral Unilateral

Palm Beach AFO

 **L1960** AFO, posterior solid ankle, plastic material, custom fabricated

 **L2820** Addition to lower extremity orthosis, soft interface, below knee

 **Dorsi Assist** Addition for lower extremity, dorsi flexor assist

 LT **L2210**

 RT **L2210**

Wellington Gauntlet

 **L1940** Ankle foot orthosis, plastic or other material, custom fabricated

 **L2820** Addition to lower extremity orthosis, soft interface, below knee

 **L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

Boca Brace

 **L1970** Plastic material with an ankle joint addition

 **L2820** Addition to lower extremity orthosis, soft interface for molded plastic

 **Lateral Sling / Medial Sling**

**L1970, L2820**

**L2275** Addition to lower extremity, varus/valgus correction, plastic modification padded or lined**; L3480** Heel, pad and depression for spur

 **Dorsi Assist**

**L1970, L2820**

**L2210** Addition for lower extremity, dorsi flexor assist

 LT **L2210**

 RT **L2210**

Stability Brace

 **L1940** Ankle foot orthosis, plastic or other material, custom fabricated

 **L2820** Addition to lower extremity orthosis, soft interface, below knee

 **L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

S) (Product name) was dispensed and fit at this visit. Patient is ambulatory. There is instability with range of motion that requires stabilization. Due to the indicated diagnosis(s) and related symptoms this device is medically necessary as a part of the overall treatment. The function of this device is to stabilize the gait, improve postural balance/sway, provide stabilization in the ankle joint and to reduce the risk for fall. It is anticipated that the patient will benefit functionally with the use of this device. The custom device is utilized in an attempt to reduce the mortality/morbidity of falling.

O) Upon gait analysis, the device appeared to be fitting well and the patient states that the device is comfortable.

A) Good fit. The patient was able to apply properly and ambulate without distress.

P) The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, wear, and care for the device. It was explained that the device will fit and function best in a lace-up shoe with a stiff heel counter and wide base of support. When the device was dispensed, it was suitable for the patient’s condition and not substandard. No guarantees were given. Precautions were reviewed. Written instructions, warranty information and a copy of DMEPOS Supplier Standards were provided. All questions were answered.

Supplier Signature: Date: / /