Patient Receipt: Custom Molded Ankle Foot Orthotic

Doctors Name: Phone: .

Patient Name: HICN: DOB: / / .

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

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

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**

Instructions For Use:

Material failure warranty coverage:

* Hardware, plastic and metal components are covered at no-charge for six months.
* All soft materials: material covers, Velcro straps and limp support pads, are covered at no-charge up to ninety days.

You have been dispensed this custom molded ankle brace to stabilize your foot and ankle in order to prevents falls and imbalance. An AFO often requires a period of adjustment. It is best to wear it for one hour more each day and continue this for two weeks. It should only be removed as specifically instructed. If the brace feels too tight, you may be walking too much. Get off your fee, loosen any 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. Applying a skin moisturizer and wearing knee high socks will prevent skin from irritation.

I understand the office’s Complaint Resolution Policy and have been provided with 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 the warranty being voided. This could 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.

Patient Signature: Date: / / .