


RICHIE GAUNTLET AFO PRESCRIPTION FORM

Doctor Name:		
Address:		
City:	State:	Zip:
ACCT#:		
Pt Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female Age:
Height:	Weight:	Shoe Size:
Shoe Type:	Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!		

CLINICAL INFORMATION

DIAGNOSIS:	Accommodation location(s): (describe & mark location on cast)
Height: <input type="checkbox"/> 7": most versatile height <input type="checkbox"/> 9": for maximal rigidity and control Arch Suspender: <input type="checkbox"/> Medial (varus force on hindfoot) <input type="checkbox"/> Lateral (valgus force on hindfoot) <input type="checkbox"/> None	Color: <input type="checkbox"/> Tan <input type="checkbox"/> Chocolate <div style="text-align: center;">  7" (left) 9" (right) </div>

SUGGESTED BILLING CODES

L1940 Ankle foot orthosis, plastic or other material, custom fabricated L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined L2820 Addition to lower extremity orthosis, soft interface for molded plastic below knee
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CASTING INSTRUCTIONS USING THE STS MID LEG SOCK

		
OR: semi weight bearing on foam	Cut along cutting strip-full length	Mark medial & lateral malleolus
		