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## DOCUMENT OF MEDICAL NECESSITY FOR OFF-THE-SHELF AFO

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

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**This patient requires an off-the-shelf ankle foot orthosis (AFO)**

\*The patient **must be ambulatory** and meet one of the following criteria

Expected benefits of/ need for the orthoses (Check all appropriate):

- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), and/or
  - There is need to control the ankle or foot in more than one plane, and/or
  - The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; and/or
  - The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.
  - Other:  
\_\_\_\_\_.
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Duration of need:  6 months  12 months  life

Frequency of use: \_\_\_\_/ Times per day \_\_\_\_/Weeks \_\_\_\_/Months

L1930	<input type="checkbox"/>	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

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\_\_\_\_\_  
PHYSICIANS SIGNATURE

\_\_\_\_\_  
NPI NUMBER

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE