


# Arizona AFO (Standard)

 **Howard**  
Orthotics and Prosthetics

Roger R. Howard, CPO  
Director

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
Rx: \_\_\_\_\_

**SAMPLE  
Rx**

**LEFT/RIGHT  
ARIZONA AFO**

ICD-10 Dx: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ NPI: \_\_\_\_\_

DESIGNS FOR YOUR LIFESTYLE

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At a minimum, the following needs to be in **Doctor's Progress Note** to **establish medical necessity** in order for a patient's health insurance to cover the cost of a custom molded Arizona AFO:

1. Patient is ambulatory.
2. Patient exhibits weakness or deformity of the foot, ankle or knee. Patient has the potential for functional benefit with orthotic treatment.
3. At least **one** of the following criteria must be met for coverage purposes:
  - A prefabricated AFO was fit to the patient and deemed inappropriate.
  - The condition necessitating the need for the orthosis is expected to exist for more than 6 months.
  - The ankle, foot, and/or knee require(s) control in more than one plane.