

Carbon Fiber AFO

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

Name: _____ DOB: _____
Address: _____
Referring Physician: _____
Rx: _____

**CUSTOM FIT
LEFT/RIGHT
CARBON FIBER AFO**

ICD-10 Dx: _____

Signature: _____
Date: _____ NPI: _____

DESIGNS FOR YOUR LIFESTYLE

316 Sherman Street
Watertown, New York 13601
315-786-6973
fax: 315-786-7993

6128 US Route 11
Canton, New York 13617
315-714-2325
fax: 315-786-7993

www.howardrehabcenter.com



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 fit carbon fiber AFO:

1. Patient is ambulatory.
2. Patient exhibits weakness or deformity of the foot, ankle or knee.
3. Patient has the potential for functional benefit with orthotic treatment.