


Preparatory AK Prosthesis

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

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

**SAMPLE
RX**

**PREPARATORY
LEFT/RIGHT
AK PROSTHESIS**

***Need to refer patient to PT
for an Amputee Mobility Predictor Test**

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 preparatory AK prosthesis:

1. Does the patient desire to use a prosthesis?
2. Was the patient walking before he/she had his/her amputation?
3. What is the patient's current or potential functional level for walking?
Describe specific activities.
4. I would recommend a (Left/Right) preparatory AK prosthesis.
5. Include patient's K-Level. (See K-Level page)

*** All amputees must complete an Amputee Mobility Predictor Test with a PT**