


Preparatory BK Prosthesis

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

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

**SAMPLE
Rx**

**PREPARATORY
LEFT/RIGHT
BK PROSTHESIS**

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

ICD-10 Dx: _____

Signature: _____
Date: _____ NPI: _____

DESIGNS FOR YOUR LIFESTYLE

<small>316 Sherman Street Watertown, New York 13601 315-786-8973 fax: 315-786-7993</small>	<small>6128 US Route 11 Canton, New York 13617 315-714-2325 fax: 315-786-7993</small>
--	---

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 preparatory BK 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 BK prosthesis.
5. Include patient's K-Level. (See K-Level page)

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