

# Bio-Mechanical Composites Inc.

# PHATBrace 2.0



2505 McKinley Ave.,  
Des Moines, Iowa 50321  
(515) 554-6132

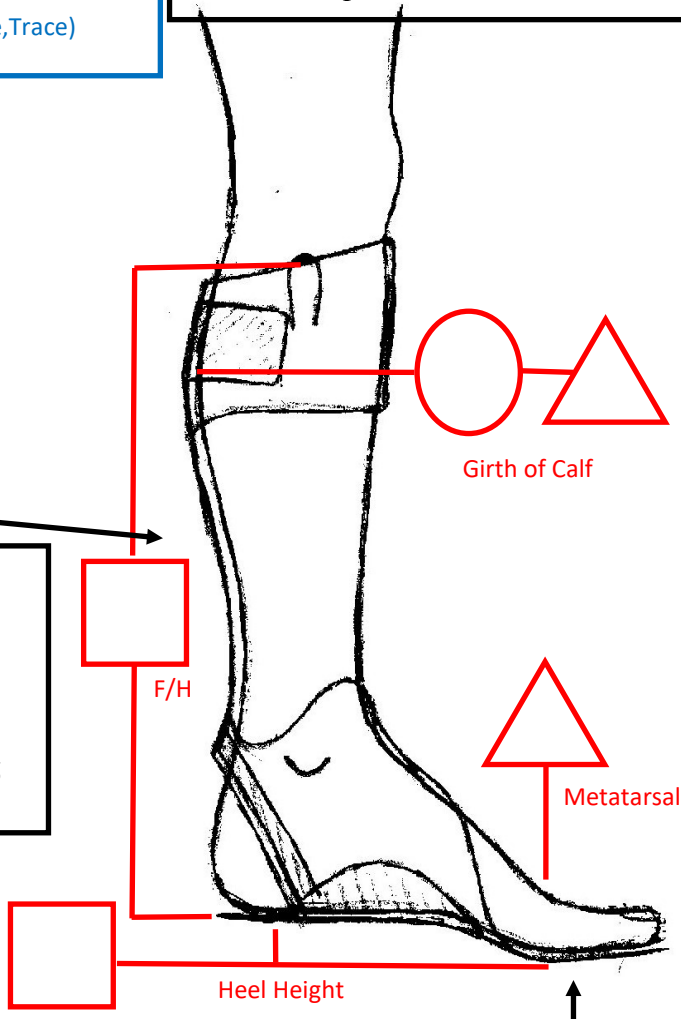
Facility Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Practitioner: \_\_\_\_\_  
 Doctor: \_\_\_\_\_

**Note:**  
*Patients must be casted in a corrected position.  
 Maintaining the desired position of the knee  
 above the ankle. Utilizing a casting board of the  
 desired heel height and maintaining the Valgus/  
 Varus position desired in the orthosis.*

Patient Information  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ **Right / Left**  
Ankle Tendency  
 Valgus       Varus  
Plantar Flexion Strength      Dorsal Flexion Strength  
 Functional (Good,Normal)       Functional (Good,Normal)  
 Some (Poor,Fair)       Some (Poor,Fair)  
 None (None,Trace)       None (None,Trace)

**Posterior Spring Strength**  
 **Firm** (Replace Calf ; F/R to Knee)  
 **Moderate** (Support Calf Weakness)  
 **Flexible** (Foot Drop, No Calf Support)

Suggested Billing Codes  
 L1945, L2250, L2275, L2280, L2755  
 Or  
 L1960, L2340, L2250, L2275, L2280, L2755



**Special Instructions**  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Special Instructions**

**Toe Plate Strength**  
 **Firm**       **Moderate**       **Flexible** (Recommended)