




Energy Storing Partial Foot Prosthesis



Suggested Billing Codes
 Base: L5020 or L5060
 ADD: L5976, L5629, L5661, L5637, L5940

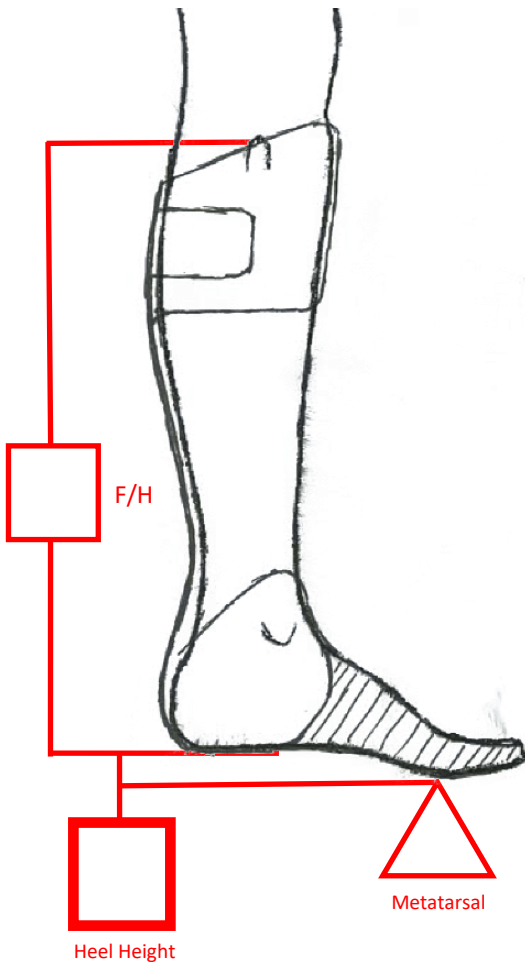
Practitioner: _____
 Facility: _____
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
 Email: _____

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. While maintaining the Valgus/Varus and rotational position desired in the orthosis.

Patient Name:

Orthometry



Design

<p><u>Ankle Tendency</u></p> <p><input type="checkbox"/> Valgus</p> <p><input type="checkbox"/> Varus</p>	<p><u>Spring Strength</u></p> <p><input type="checkbox"/> Firm</p> <p><input type="checkbox"/> Firm Plus</p> <p><input type="checkbox"/> Extra Firm</p>
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Range of Motion

Full

Limited

The patient needs to have some available ROM into dorsi-flexion from the position casted

Foot Length
 Prosthesis Foot Length

Shoe or Shoe Insert (sent with cast)

Lamination Color

Special Instructions
