



**DOCUMENT OF MEDICAL NECESSITY FOR AFO
(MOLDED TO PATIENT MODEL)**

This patient requires a custom molded to patient model ankle foot orthosis because:

NAME OF PATIENT: _____

DIAGNOSIS: _____

(CIRCLE)

- 1. The patient could not be fit with a prefabricated AFO, or**
- 2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), or**
- 3. There is need to control the ankle or foot in more than one plane, or**
- 4. The patient has documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury, or**
- 5. The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions**

(Signature of Prescribing Practitioner)

(License Number)

(Date)