

Patient Information

Last Name First Name

Address Sex M F

City Zip Code DOB

(_____) _____ (_____) _____
Phone Emergency Phone

Insurance Company Name / Insurance ID

Prescriber Information

Doctor's Last Name Doctor's First Name

Facility Name

Facility Address

(_____) _____ (_____) _____
Phone Fax

Doctor's License # Doctor's NPI #



Cam Walkers

Constructed of lightweight composite material with low profile aluminum side struts. Struts are covered with a soft loop material for top strap adjustability. Rocker bottom has an overall low heel height and a non-skid sole for easier ambulation. Features a foam padded inner sole and heel counter for greater comfort. Easy application and removal with adjustable straps. Soft breathable foam liner wicks moisture to keep skin cool and dry. Available in low or high height. Fits right or left

PRODUCT FEATURES: Lightweight and low profile - Rocker bottom with no skid sole - Adjustable top straps - Criss-cross ankle straps for improved foot stabilization - Breathable foam liner with soft moisture-wicking inner material keeps skin cool and dry.

ITEM DESCRIPTION: Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment

Ankle-foot orthoses are covered for ambulatory patients with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally.

ICD-9 Codes:

<input type="checkbox"/> 726.71 Achilles bursitis or tendonitis	<input type="checkbox"/> 824.6 Fracture trimalleolar, closed	<input type="checkbox"/> 823.35 Fracture metatarsal, open
<input type="checkbox"/> 727.06 Tenosynovitis, foot/ankle	<input type="checkbox"/> 825.0 Fracture calcaneus closed	<input type="checkbox"/> 733.93 Fracture, stress, tibia/fibula
<input type="checkbox"/> 719.4 Pain, joint	<input type="checkbox"/> 825.25 Fracture metatarsal bone(s) closed	<input type="checkbox"/> 733.94 Fracture, stress, metatarsal
<input type="checkbox"/> 719.07 Effusion of joint, ankle foot	<input type="checkbox"/> 825.21 Fracture talus (astragalus) closed	<input type="checkbox"/> 845.01 – 845.10 Ankle sprain, foot sprain
<input type="checkbox"/> 924.20 Foot contusion	<input type="checkbox"/> 823.20 Fracture shaft, fibula closed	<input type="checkbox"/> 845.09 Achilles tendon sprain
<input type="checkbox"/> 928.20 – 928.21 Crushing injury foot, ankle	<input type="checkbox"/> 823.40 Fracture shaft, fibula with tibia closed	<input type="checkbox"/> 845.03 Sprain distal tibiofibular ligament
<input type="checkbox"/> 824.0 Fracture malleolus, medial closed	<input type="checkbox"/> 823.20 Fracture shaft, tibia closed	<input type="checkbox"/>
<input type="checkbox"/> 824.2 Fracture malleolus, lateral closed	<input type="checkbox"/> 823.32 Fracture shaft, fibula with tibia, open	<input type="checkbox"/>
<input type="checkbox"/> 824.4 Fracture bimalleolar, closed	<input type="checkbox"/> 823.30 Fracture shaft, tibia, open	<input type="checkbox"/>

PLEASE SPECIFY CAM WALKER'S HEIGHT: LOW HIGH

PLEASE SPECIFY ANKLE FOR TREATMENT: RIGHT LEFT BILATERAL

Length of need is 99 months (unless specified) Other: Month(s)

SMALL | MEN'S 5 - 7 1/2 WOMEN'S 5 - 8 1/2

MEDIUM | MEN'S 8 - 9 1/2 WOMEN'S 9 - 10 1/2

LARGE | MEN'S 10 - 12 1/2 WOMEN'S 11 - 12 1/2

Size according to US shoe size