



amg
apple medical group
pain and orthopedic solutions

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Physician Prescription and Statement of Medical Necessity

Knee Bracing

Patient Name: _____ DOB: _____ / _____ / _____

ICD.10: _____, _____, _____

Medical justification must also be documented in the patient's medical record (i.e, chart notes). Please attach **ALL** supporting Documentation.

Description of Equipment Provided: _____

Affected Knee (**Circle One**): Right Left Bilateral

If the brace is for OA unloader brace please indicate (**Circle One**): Medial or Lateral

Describe Below why your patient needs a knee brace AND check ALL conditions that apply:

- Alleviate pressure on medial or lateral compartment.
- Tibial plateau fracture
- Meniscal cartilage derangement
- Aseptic Necrosis of tibia/Fibula
- Knee Instability
- Knee ligamentous disruption
- Restricted ROM requirements post surgery
- Failed Total Knee Arthroscopy
- Other

Physician Signature: _____ Date: _____ / _____ / _____

NPI: _____ Physician Printed Name: _____