

DURABLE MEDICAL EQUIPMENT PROOF OF DELIVERY TICKET

Patient Name: _____ Date of Dispensing:

On this day at (Name of Facility) _____, (Address)

_____,

(City) _____, (State, Zip) _____ my

treating clinician has dispensed me:

- L4396 - Equinus Brace (Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, customized to fit a specific patient by an individual with expertise).
- L2210 - Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint.

I, _____, have received the item(s) checked above. The item(s) fits well, and are comfortable. I have received verbal and written instructions on how to use and care for my devices and I understand the break-in schedule gradually increasing usage daily on the following schedule:

I have read and understand the posted complaint resolution policy and have been provided with a copy of the Current Abbreviated Medicare Durable Medicare Equipment Supplier Standards. I understand that the warranty period is 3 months from the dispensing date for hardware and software components and failure to properly care for these items will result in the warranty being void.

Your brace or device may require adjustments from time to time to assure comfort and proper correction. If you experience any discomfort when using this device, or have any confusion or questions, please stop using the device and contact our office at (203) 758-8307 for an appointment or clarification. Do not attempt to adjust your brace yourself, doing so may nullify any warranty and add to your out of pocket repair costs. Remember to conduct frequent skin checks by removing your shoes and socks and thoroughly inspecting your skin for pressure areas, redness, irritation, skin breakdown, pain or edema. This is particularly important for patients with a diagnosis of Diabetes, circulatory conditions, or neuropathy. If you experience significant changes to your feet or ankles, or a change in your medical condition, or sustain any trauma that could potential change your condition, you should contact our office to schedule an appointment for reassessment. Periodic refurbishments of your devices is recommended and you should be aware that reconditioning of your device may incur an out of pocket expense to you.

If you have read and understand the following information above, please sign and date below:

Patient's Signature: _____

Date: _____

Practitioners Signature: _____

Product meets proper specifications: _____ (Initial by care provider)