

**Document of Medical Necessity for AFO**  
**(Molded to Patient Model)**

**Patient Name:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

This patient requires an ankle foot orthoses custom molded to patient model because:

(CIRCLE)

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

\_\_\_\_\_  
Signature of Prescribing Practitioner

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date