

# PRESCRIPTION FORM

## FOR EXTERNAL LOWER LIMB SENSORY PROSTHESIS (L5999)

<b>Patient Information:</b>		<b>Supplier Information:</b>	
<b>Name:</b>	<b>DOB:</b>	<b>RxFUNCTION, Inc.</b> 7576 Market Place Drive Eden Prairie MN 55344-3636 Phone #: 888-382-3518 Fax #: 844-925-5279	
<b>Address:</b>			
<b>City/State/Zip:</b>	<b>Phone:</b>		

### Diagnosis:

- |   |   |
|---|---|
| <input type="checkbox"/> Type 1 diabetes mellitus with diabetic polyneuropathy (E10.42) | <input type="checkbox"/> Drug-induced polyneuropathy (G62.0)              |
| <input type="checkbox"/> Type 2 diabetes mellitus with diabetic polyneuropathy (E11.42) | <input type="checkbox"/> Polyneuropathy due to other toxic agents (G62.2) |
| <input type="checkbox"/> Idiopathic progressive neuropathy (G60.3)                      | <input type="checkbox"/> Polyneuropathy, unspecified (G62.9)              |
| <input type="checkbox"/> Hereditary and idiopathic neuropathy, unspecified (G60.9)      | <input type="checkbox"/> _____ Other: _____                               |

# Rx

**Walkasins® Lower Limb Sensory Prosthesis for bilateral peripheral neuropathy with gait and balance impairment.**

**Frequency:** Daily as Needed

**Prescriber Certification and Signature:** I certify this patient is under my care and Walkasins is clinically appropriate and medically necessary for the above-named patient. I also certify the medical information above is true and accurate to the best of my knowledge and there are currently no contraindications\* that could prohibit use of the prescribed equipment.

**\*Untreated lymphedema; untreated lesion of any kind, swelling, infection, inflamed area of skin or eruptions on the lower leg near product use; acute thrombophlebitis; untreated fractures in the foot and ankle; or severe peripheral vascular disease.**

<b>Prescriber Name (please print):</b>	<b>Date:</b>	<b>Prescriber Signature:</b>	<b>NRI:</b>
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