

PRESCRIPTION FORM

FOR EXTERNAL LOWER LIMB SENSORY PROSTHESIS (L5999)

Patient Information:		Supplier Information:	
Name:	DOB:	RxFUNCTION, Inc. 6509 Flying Cloud Drive, Suite 140, Eden Prairie, MN 55344-3307 Phone #: 888-382-3518 Fax #: 844-925-5279	
Address:			
City/State/Zip:	Phone:		

Diagnosis:

- Type 1 diabetes mellitus with diabetic polyneuropathy (E10.42)
- Type 2 diabetes mellitus with diabetic polyneuropathy (E11.42)
- Idiopathic progressive neuropathy (G60.3)
- Hereditary and idiopathic neuropathy, unspecified (G60.9)
- Drug-induced polyneuropathy (G62.0)
- Polyneuropathy due to other toxic agents (G62.2)
- Polyneuropathy, unspecified (G62.9)
- _____ 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.**

Prescriber Name (please print):	Date:	Prescriber Signature:	NPI:
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Please fax completed form to RxFUNCTION Customer Service at 844.925.5279.