

# Bio-Mechanical Composites

1310 Keo Way—Des Moines, Iowa 50309 — (515) 554-6132

# Dynamic Response Partial Foot Prosthesis

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

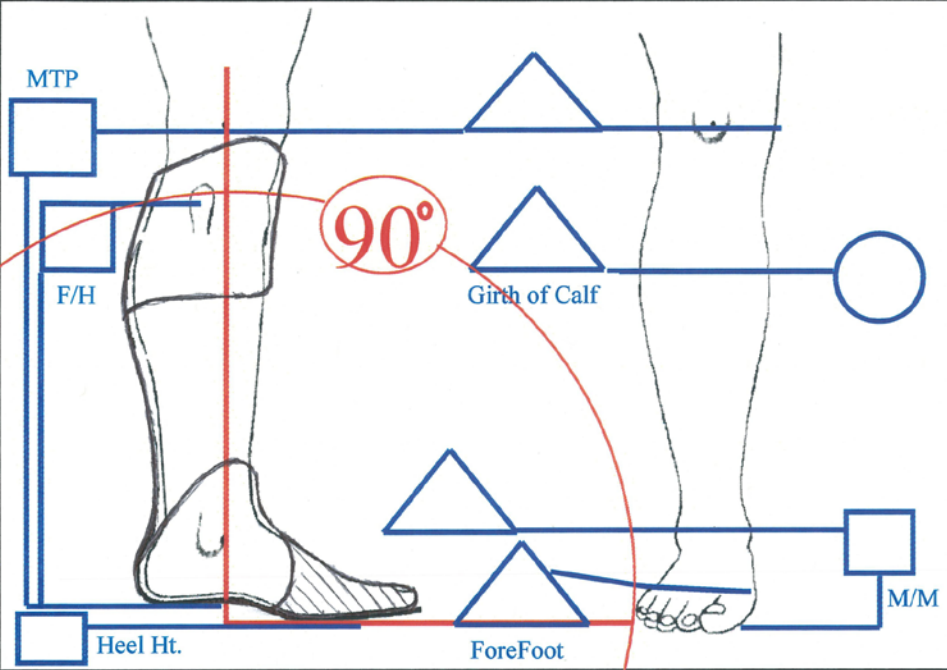
Date: \_\_\_\_\_ Right / Left

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



Shoe Size

It is beneficial if the Sock liner insert from the patients shoe or the entire shoe is sent with the Cast.

Foot Length  
(Opposite Foot)

**Posterior Spring**

Moderate Firm

- Valgus Control
- Varus Control

Note:

**NOTE:**

*Patients must be casted in a corrected position.*

*Maintaining the desired position of the knee joint above the ankle, Positioning the hind-foot in a neutral position with a functional range of motion and maintaining the Valgus/Varus position desired from the orthosis.*

**SUPINATION OF THE FORE FOOT** may be necessary in the cast to maintain

**Lamination**

White  Black  
Sleeve: \_\_\_\_\_

Doctor: \_\_\_\_\_ Practitioner: \_\_\_\_\_

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

Suggested Billing Codes

- L5020 - Partial Foot, Tibial Tubercle Height, Toe Filler
- L5976 - All Lower Ext. Prosthesis, Energy Storing Foot
- L5629 - Add. To Lower Ext., BK Acrylic Socket
- L5661 - Add. To Lower Ext., Socket Insert, Multi-Durometer
- L5637 - Add. To Lower Ext., BK, Total Contact
- L5940 - Add. BK, Ultra-Light Weight Material

Authorization

Lab Tracking

In: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tech: \_\_\_\_\_  
Mods: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Lam 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Lam 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Out: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Code: \_\_\_\_\_