



www.KneeWalkerCentral.com
Letter of Medical Necessity/Rx
Knee Walker

HCPC Code: #E0118 - Crutch Substitute, with or without wheels
To be completed by physician, health care provider, or medical facility

Patients Full Name : _____

Date Needed : _____ Expected Duration of Rental : _____

Diagnosis : _____

Side of Injury: Left ☐ Right ☐

Date of injury (if applicable): _____ Date of surgery (if applicable): _____

Code : _____ Code : _____ Code : _____

Code : _____ Code : _____ Code : _____

(check one)

- ☐ Patient has fracture dislocation tendon rupture surgery which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
- ☐ Patient has an ulcer infection which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
- ☐ Patient has a neurologic musculoskeletal condition which makes him/her unable to effectively, or safely bear weight on one foot. the rolling knee scooter will greatly increase this person's ability to function independently.
- ☐ Other: _____

Signature / Date: _____

Printed Name / NPI #: _____

Phone Number: _____

