

Certificate of Medical Necessity

1821 S Bascom Ave #245, Campbell CA 95008

Federal Tax ID 46-2586581

For Knee Walker / Knee Scooter

HCPC Code E0118 -- Crutch Substitute, Lower Leg Platform, With or Without Wheels

Patient's Full Name _____

Date The Knee Walker is Needed _____

Expected Duration Of Need _____

Patient's Diagnosis _____

___ Patient has fracture dislocation tendon rupture surgery that requires absolute non-weight bearing to maximize chances for optimal healing and recovery. The patient is unable to effectively utilize crutches, and is unable to perform tasks of daily living with crutches, but is able to perform tasks of daily living by utilizing a Knee Walker.

___ Patient has an ulcer infection that requires absolute non-weight bearing to maximize chances for optimal healing and recovery. The patient is unable to effectively utilize crutches, and is unable to perform tasks of daily living with crutches, but is able to perform tasks of daily living by utilizing a Knee Walker.

___ Patient has a neuralgic musculoskeletal condition and is unable to effectively or safely bear weight on one foot. The patient is unable to effectively utilize crutches, and is unable to perform tasks of daily living with crutches, but is able to perform tasks of daily living by utilizing a Knee Walker.

Other _____

I certify that this Knee Walker is medically necessary

Signature _____

Printed _____

Date _____