

6. Are standard body powered prosthetic devices insufficient to meet the functional needs of the individual in performing activities of daily living? YES NO
7. Does the individual function in an environment that would inhibit function of the prosthesis (i.e., a wet environment or a situation involving electrical discharges that would affect the prosthesis)?
 YES NO

Please provide any additional clinical information

*Type(s) of Medical Equipment with HCPC/CPT code and prices:

TYPE: _____ HCPC/CPT: _____

**Preferred provider available for DME and Home Infusion services*

Provider Contact Information

Contact Person: _____

Title: _____

Phone: _____

Fax: _____