

*American Limb & Orthopedic Company  
Of Valparaiso*

---

**IT IS OUR POLICY PER NEW MEDICAL GUIDELINES TO  
KEEP A PICTURE OF YOUR PROSTHETIC/ORTHOTIC  
DEVICE ON FILE. THIS WILL BE KEPT IN YOUR FILE  
ONLY TO BE USED FOR VERIFICATION OF DELIVERY IN  
THE EVENT OF AN AUDIT BY MEDICARE OR YOUR  
INSURANCE COMPANY.**

**YOUR AUTHORIZATION IS REQUESTED AT THIS TIME.  
THANK YOU FOR YOUR ASSISTANCE.**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REFUSED:** \_\_\_\_\_