BOLAND
PROSTHETIC & ORTHOTIC CENTER

WARNER ROBINS
110 Osigian Boulevard • Warner Robins, Georgia 31088

MACON
1673 Wesleyan Drive • Macon, Georgia 31210

Appointments Please

Date: _____

Name _____

Date of Birth: _____ **Phone:** _____

Address: _____

_____

DX:

RX:

- ☐ Gel Cushion Liners – Qty: 2
- ☐ Gel Locking Liners – Qty: 2
- ☐ Suspension Sleeves – Qty: 2
- ☐ Multiply Prosthetic Socks – Qty: 2
- ☐ Single Ply Prosthetic Socks – Qty: 6
- ☐ Other:

Side: ☐ Left ☐ Right ☐ Bilateral

CERTIFICATION OF MEDICAL NECESSITY

I certify that the above state equipment is medically necessary to assist with the above named condition.

Physician Signature: _____ Date: _____

No stamped signatures

Physician Name: _____

Address: _____

_____

Phone: _____ NPI #: _____