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RE: Patient Name

Patient's DOB

I am the attending pediatric neurologist for the above referenced patient. He/she carries the diagnosis of _____ (ICD DX Code) with secondary diagnosis of _____ (ICD DX Code) which was sustained as a complication of prematurity.

I am requesting that an adaptive mobility device be covered for this patient for this diagnosis. This device would require her/him to use the lower extremity muscles in a more active and coordinated manner. Benefits from use of this device include independent gains in strength, joint mobility, coordination of both L and R sides and endurance.

Sincerely,

Physician's name

Title/ Professional Designations

National Provider Identification Number