


# Prosthetic Liners

 **Howard**  
Orthotics and Prosthetics

Roger R. Howard, CPO  
Director

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Rx:

**PROSTHETIC  
GEL/SILICONE  
LINERS**

ICD-10 DX: \_\_\_\_\_

Signature: \_\_\_\_\_  
(handwritten)

Date: \_\_\_\_\_ NPI: \_\_\_\_\_  
(handwritten)

**DESIGNS FOR YOUR LIFESTYLE**

316 Sherman Street • Watertown • New York 13601  
315-786-8973 • fax: 315-786-7993  
www.howardrehabcenter.com



At a minimum, the following needs to be in **Doctor's Progress Note** to ***establish medical necessity*** in order for a patient's health insurance to cover the cost of prosthetic supplies:

1. Two silicone/gel liners are necessary to allow the patient to rotate his/her liners and allow for cleaning to prevent skin breakdown.
2. The silicone gel/material lowers the friction on the skin of the residual limb, which will lessen the chance for skin breakdown of the residual limb.