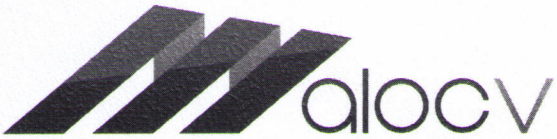

American Limb & Orthopedic Company of Valparaiso

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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: _____

SIGNATURE: _____

DATE: _____