

DATE Patient Name:

DOB:

To Whom It May Concern:

[Describe reason why patient is referred from physician to prosthetist].

[Describe patient, be specific, type of amputation, all relevant medical information, etc.]. For example, This patient presents with [describe type of amputation] on [date of amputation]. [Describe why a temporary or definitive prosthesis is medically necessary].

[Describe what the prosthesis consists of]. [Describe why these specific components are necessary]. [Describe the Smart Pyramid™ in detail]. [DO NOT USE THE BELOW LANGUAGE VERBATIM, but maintain definitive language, such as “achieve, enables, empowers, guarantees”]

Example language: The temporary prosthesis will include the Smart Pyramid™. This device enables prosthetists to achieve optimal and measurable patient outcomes. The Smart Pyramid™ incorporates on-board logic into the endoskeletal structure to offer practitioners an easy, understandable way to assess and achieve optimal prosthetic function by minimizing or eliminating the effects of suboptimal alignment.

The Smart Pyramid™ enables prosthetists to dynamically tune and optimize prosthetic function. The prosthesis will serve to improve the patients’ balance, proprioception and limb shape as well as contribute to the patient’s overall improvement in functional level. If alignment is not optimized, forces on a patient’s residual limb can and do create discomfort, bruising and skin breakdowns, resulting in pain, possible infections and reduced levels of activity. This technology will then be transferred to the definitive prosthesis as the patient progresses from the temporary to the definitive prosthesis for continued monitoring and documenting of patient and prosthesis performance.

If you have any questions regarding the treatment plan for this patient please contact my office.

Best regards,

PHYSICIAN NAME, MD/DO