

SAMPLE LETTER OF MEDICAL NECESSITY

Date: _____

Client Name: _____ D.O.B.: _____

Diagnosis (es): _____

Equipment Prescribed: Rifton Adaptive Bicycle

Medical Necessity/Reasoning for Equipment: *(Please individualize this for your client)* Because of the above listed diagnosis, the patient is unable to complete the balance and coordination necessary to propel a standard bicycle. An adaptive tricycle is being recommended to increase patient's lower body strength and endurance. The tricycle will also provide the patient the ability to practice gross motor skills, improve coordination and increase social interaction with peers.

I also feel that this patient has the mental capabilities of operating the Rifton Tricycle safely and in such a manner that will be beneficial to their overall health and well-being.

For all of the above listed reasons, we are recommending the following:

Rifton Bicycle: _____ Small _____ Medium _____ Large

Seat Size: _____ Small _____ Large

Handlebar: _____ Conventional _____ Loop

Back Support: _____ Trunk Support w/Contoured Headrest _____ Backrest Pad

Handbrake: _____ (Not Available for Small, Included with Large)

Abductor: _____ Small _____ Medium _____ Large

Rear Steering Bar: _____ Small/Medium _____ Large

Guide Bar: _____ **Stationary Stand:** _____

Additional Backrest Pad: _____

Jane Doe, PT.

Date