

Stay Mobile

KneeScooters

Knee Scooter Medical requirement documentation

Name of patient _____

Date Required _____

Time length required _____

Analysis of injury: _____

_____ The Patient is incapable of completing daily tasks with crutches and / or cannot make use of crutches successfully. Yet it is possible to do so with the knee scooter.

_____ It is necessary for the Patient to bear no weight due to an Ulcer contamination for a smoother recovery. The person is incapable of completing daily tasks with crutches and / or cannot make use of crutches successfully. Yet it is possible to do so with the knee scooter.

_____ This Patient can now count on himself / herself with the knee scooter. The patient is unable to safely or efficiently tolerate weight on one foot.

_____ Other Reason _____

I, _____ officially state the scooter is a medical requirement.

Date _____ Signature _____