

## Prescription for Diabetic Shoes and Inserts

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **TYPE OF SHOES:**

Extra Depth (A5500) - 1 pair

### **TYPE OF INSERTS:**

Heat Moldable (A5512) - 3 pairs

Custom Fabricated (K0903) - 3 pairs

Other: \_\_\_\_\_

### **ICD NOTES & SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature (M.D., D.O., D.P.M., P.A., N.P., or CNS)

Physician's Name

NPI #

Address

Phone #

## Statement of Certifying Physician

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **I certify that all the following statements are true:**

1. This patient has diabetes mellitus:  Type I  Type II
2. This patient has one or more of the following conditions:
  - History of partial or complete amputation of the foot
  - History of previous foot ulceration
  - History of pre-ulcerative callus
  - Peripheral neuropathy with evidence of callus formation
  - Foot deformity
  - Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician's Signature (**MUST BE AN M.D., D.O., or N.P.**)

Physician's Name

NPI #

Address

Phone #



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