

FOOT COMFORT CENTER

<u>NORTHEAST PHILA.</u> 9808 Bustleton Avenue Philadelphia, Pa 19115 215-676-7463	<u>FRANKFORD</u> 4733 Frankford Avenue Philadelphia, Pa 19124 215-744-7463	<u>BROAD & OLNEY</u> 1335 W. Tabor Road, Ste. 107 Philadelphia, Pa 19141 215-548-7463	<u>SOUTH PHILA.</u> 1937 E. Passyunk Avenue Philadelphia, Pa 19148 215-334-7463
<u>GALLERY</u> 1001 Market Street Philadelphia, Pa 19107 215-733-9902	<u>WARRINGTON</u> 1380 Easton Road Warrington, PA 18976 215-491-7467	<u>SOUTHWEST PHILA.</u> 6113 Woodland Avenue Philadelphia, Pa 19142 215-724-7464	<u>NORTH PHILA.</u> 2917 N. 5 th Street Philadelphia, Pa 19133 215-739-7463

PRESCRIPTION FORM FOR **AFG SUPPORT**

Patient Objectives:

- Provide Protection for Ankle and Foot
- Provide Stabilization
- Increase Blood Flow
- Stimulate Heat
- Help Relieve Pain*

Other objectives: _____

Diagnoses:

- 715.17 – Osteoarthritis
- 249.00 -250.93 – Diabetes Mellitus
- Other: _____

In order to meet these objectives, _____ requires AFG Support.
Patient Name

- Please provide BOTH - Right AND Left AFG Support
- Please provide only - One RIGHT AFG
- Please provide only - One LEFT AFG

Physician signature: _____ Date signed: _____

Physician Name (Printed): _____ Physician NPI: _____

Physician Address: _____ Telephone Number: _____