

Diabetic Footwear Prescription Form

Please provide a copy of the patient's medical notes showing the indicated condition that was checked off.

Statement of Certifying Physician for Therapeutic Shoes

(This section **must** be filled out by an MD or DO only)

Patient Name: _____ Patient DOB: _____

Patient Phone Number: _____

By signing this statement, I certify that all of the following statements are true:

1. The patient has diabetes mellitus (ICD-10 diagnosis codes):

- E11.9
- E10.9
- Other: _____

2. The patient has one or more of the following conditions (**CHECK ALL THAT APPLY**):

- Z89.9 (Previous amputation of the other foot, or part of either foot)
- Z86.31 (History of previous foot ulceration of either foot)
- L84 (History of pre-ulcerative calluses of either foot)
- E10.40/E11.40 (Peripheral neuropathy with evidence of callus formation of either foot)
- M21.969 (Foot deformity of either foot)
- E10.51/E11.51 (Poor circulation in either foot)

3. The certifying physician who is managing the patient's systemic diabetes condition has certified that indications (1) & (2) are met & that he/she is treating the patient under a comprehensive plan of care for his/her diabetes & that the patient needs diabetic shoes.

Physician signature: _____ Date signed: _____

Physician name (printed): _____ Physician NPI: _____

Physician address: _____ Telephone #: _____

Prescription Form

Patient Objectives: To transfer forces from high to low pressure areas, provide protection for the insensitive diabetic foot, absorb shock, reduce shear, & maximize comfort.

In order to meet these objectives, _____ requires
(Patient Name)

- A5500 - Extra Depth Inlay Shoes (Medicare allows 1 pair per year) and A5512 - Multi-Density Heat Molded Inserts (Medicare allows 3 pairs per year)
- Other (please specify) : _____

Physician signature: _____ Date signed: _____

Physician Name (printed): _____ NPI: _____

Foot Comfort Center Office Fax Numbers:

Bustleton Ave: (215) 676-1110

E. Passyunk: (215) 337-3340

Woodland: (215) 660-9705

Tabor Rd: (215) 548-2004

Frankford: (215) 486-4655

N. 5th Street: (215) 789-2417