

The DiABETIC Shoppe

6629 MS Highway 32E ~ Charleston, MS 38921
Toll-Free Phone: 1-888-571-3533 ~ Toll-Free Fax: 1-888-377-2224

Diabetic Shoes & Inserts Prescription Form

Step 1

Patient ID#: _____ Effective Date: _____

Patient Name: Mr/Ms _____ SS#: _____

Address: _____ City: _____, _____ Zip: _____

Phone: _____ Birthday: _____

Primary: _____ Secondary: _____

Policy #: _____ Policy #: _____

Therapeutic shoes and inserts are designed to **prevent** complications that could lead to an amputation.

Diabetic Shoes (A5500) 1 pair

Custom-Molded Inserts (A5513) 3 pair

Other: _____

I CERTIFY ALL OF THE FOLLOWING STATEMENTS ARE TRUE: PLEASE CHECK

1. This patient has Diabetes Mellitus. 25000 25002 25001 25003
2. This patient has one or more of the following conditions:
 History of partial or complete amputation of the foot 895.0, 896.2, or _____
 History of previous foot ulcerations 707.10, or _____
 History of pre-ulcerative callous 700, 707.10, or _____
 Peripheral neuropathy with evidence of callous formation 250.60, 443.0, or _____
 Foot deformity 736.70, or _____
 Poor circulation 250.70, 443.00, or _____
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) because of his/her diabetes.

*The above information is true, accurate and complete to the best of my knowledge. By my signature below I certify that the patient has diabetes and is/was being treated by me, and has been seen in the last six months. All the information contained in this written Doctors Order form accurately reflects the patient's diabetic condition and the treatment regimen that I have Prescribed. The medical records for this patient substantiate the conditions. For Medicare / insurance requirements, I will maintain this signed original in the patient's medical record file.

Step 2

Print Physician's Name: _____ Ph #: _____

Physician Signature: _____ Date: _____

NPI: _____ City: _____, ST: _____

Step 3



Accredited by
JCAHO