

Please fill out this form entirely; sign and fax back to Medical Arts Pharmacy @ 276.3385
Medical Records MUST document the condition marked below, please forward the Face to Face along with this order

Patient _____

DOB _____ **Phone** _____

Date Ordered: _____

Statement of Certifying Physician

This patient has Diabetes Mellitus:

Type II Type I

Qualifying Conditions:

- History of partial or complete amputation of the foot
- History of previous foot ulceration
- History or pre-ulcerative callus
- Peripheral neuropathy with evidence of callus formation
- Foot deformity
- Poor circulation

I am treating this patient under a comprehensive plan for care of his/her diabetes.

This patient needs special shoes/inserts (depth or custom-molded shoes) because of his/her diabetes.

Prescription for Diabetic Shoes and Inserts

1/ Type of shoes prescribed (check)

Extra Depth (A5500) - 1 pair,

2/ Type of Inserts prescribed (check one)

Heat Moldable (A5512)-3pair

Custom Inserts (A5513)-3pair

ICD Notes and/or Special Instructions

Physician Signature _____ MD or DO

Physician Name _____

Address: _____

NPI _____ Date _____

Physician Phone _____ Fax _____