PHYSICIAN'S CERTIFYING STATEMENT & PRESCRIPTION FOR THERAPEUTIC SHOES

Reuter's Pedorthics
2104 SW Fairlawn Plaza Drive
Topeka, KS 66614
Phone #: 785-271-1221 Fax: 785-228-1471

First: _____ **Last:** _____

Address:_____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____-_____-_____

M: ☐ **F:** ☐ **DOB:** _____-_____-_____

Medicare (HIC#): _____

Secondary Insurer: _____ **Policy Holder:** _____

Policy #: _____ **Group #:** _____ **Phone #:** (_____)_____-_____

Signature__________**On File**____________ **Date**________

DETAILED WRITTEN ORDER-COMPLETED BY PHYSICIAN

This patient has Diabetes Mellitus ICD-9 — 250.00 ☐ **250.01** ☐ **Other** _____

I certify that all of the following statements are TRUE:

A. This patient has diabetes mellitus.
B. I am treating this patient under a comprehensive plan of care for his/her diabetes.
C. This patient needs special shoes (extra-depth shoes) because of his/her diabetes.
D. This patient has one or more of the following condition(s) ***check all that apply.***

☐ **Poor Circulation** ☐ **History of foot ulceration**
☐ **Foot Deformity** ☐ **Peripheral neuropathy with evidence of callus**
☐ **History of pre-ulcerative callus formation** ☐ **History of partial/complete amputation of the foot**

QUANTITY ORDERED

A5500-For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth inlay shoes manufactured to accommodate multi-density insert(s) per shoe QTY.1LT 1RT
A5512-Multi density inserts QTY. 3LT 3RT
A5513-For diabetics only, multiple density insert, custom molded from model of patient's foot, custom fabricated, each QTY. _____
L5000-Toe Filler _____ **A5501-Custom Shoes** _____

PHYSICIAN INFORMATION:

(Must be signed by M.D. or D.O.)

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** (_____)-_____-_____ **Fax:** (_____)-_____-_____

NPI #: _____

****Referring Physician must send OFFICE NOTES specific to foot complications marked above****

X: ____ ______ **Name:** _____
(Physician Signature) **(Date)**