

DETAILED WRITTEN ORDER

Beneficiary Name: _____ Start Date of Order: _____

Beneficiary Address: _____

Diabetic Shoes:

A5500-Diabetic Off-the-Shelf-Inlay Therapeutic Shoe (NON-CUSTOM)-1 pair unless otherwise indicated

Diabetic Inserts:

A5512-Heat Molded Off-the-Shelf Inserts- 3 pairs unless otherwise indicated

Other _____

DIAGNOSIS:

LENGTH OF SERVICE:

- 250.00 DM w/o Complication, Type 2, controlled
- 250.01 DM w/o Complication, Type 1, controlled
- 250.02 DM w/o Complication, Type 2, uncontrolled
- 250.03 DM w/o Complication, Type 1, uncontrolled
- 250.60 DM w/Neuropathy
- 250.70 DM w/Circulatory
- 250.80 DM w/Other Spec. Manif.
- 356.90 Peripheral Neuropathy
- 443.90 Peripheral Vascular Disease
- 707.00 Ulcer of foot
- 736.70 Foot Deformity
- Other: _____

SHOES 1 year

***PLEASE CLEARLY MARK PRODUCTS PRESCRIBED/ORDERED AND RELATED DIAGNOSIS**

Physician: _____ NPI: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Physician Signature: _____ Date _____

Printed Physician Name: _____

****TO BE VALID THIS ORDER MUST BE SIGNED AND DATED BY PHYSICIAN**
(The use of signature or date stamps is not acceptable)