DIABETIC FORM

STATEMENT of CERTIFYING PHYSICIAN FOR THERAPEUTIC SHOES and/or INSERTS

Patient Name: ______________________________ Gender: ☐ Male ☐ Female

Patient Phone #: ______________________________ Date of Birth: ____________________

Date of last **PHYSICAL EXAM OF FEET** ______________________________

PRIMARY DIAGNOSIS – This Patient has Diabetes Mellitus Type

ICD-10 CODE	**DIABETES MELLITUS** Diagnosis Description

SECONDARY DIAGNOSIS -- patient must also have one or more of the following conditions

ICD-10 CODE	Diagnosis Description
ICD-10 CODE	**FOOT DEFORMITY** Diagnosis Description
ICD-10 CODE	**AMPUTATION OF FOOT** Diagnosis Description
ICD-10 CODE	**PREVIOUS FOOT ULCERATION** Diagnosis Description
ICD-10 CODE	**PREULCERATIVE CALLUS** Diagnosis Description
ICD-10 CODE	**POOR CIRCULATION** Diagnosis Description
ICD-10 CODE	**PERIPHERAL NEUROPATHY with EVIDENCE OF CALLUS FORMATION** Diagnosis Description

RX **I am prescribing the following (depth or custom-molded) shoes and/or inserts for this patient because of his/her diabetes:**

Right	Left	Code	Description
☐ right	☐ left	L5000	Partial Foot, shoe insert with longitudinal arch, toe filler
☐ right	☐ left	A5007	Shoe Modification
☐ right	☐ left	A5500	Diabetic Shoes, off the shelf depth-inlay shoe, each
☐ right	☐ left	A5004	Shoe Wedge
☐ right	☐ left	A5501	Diabetic Shoes, custom molded shoe of patient's foot, each
☐ right	☐ left	A5512	Diabetic multiple density insert, direct formed to patient's foot, each
☐ right	☐ left	A5513	Diabetic multiple density insert, custom insert of patient mold, each
☐ right	☐ left	______________________	

I am the Certifying Physician Managing Diabetes Care for the above patient and all statements above are true.

Physician Name: ______________________________ Degree: ☐ MD ☐ DO

Address: ______________________________

City: ____________________ State: ______________ Zip Code: ____________

Phone: ( ) ____________________ Fax: ( ) ____________________

Physician Signature: ______________________________ Date: ____________

NPI#: ______________________________ **(Please send chart notes from last foot exam)**

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