

# Doctor's Written Order for Therapeutic Shoes/Inserts for Persons with Diabetes

(Prescribing Physician may be an M.D., D.O., or D.P.M, physician assistant, nurse practitioner, clinical nurse specialist and may be different than certifying physician)

Patients Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Office Visit Documenting the Diabetic Condition & Footwear Needs: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Select One:

- One pair of extra-depth in-lay shoes with (3) pairs of **heat molded** inserts. *OR*
- One pair of extra-depth in-lay shoes with (3) pairs of **custom molded** multi-density inserts. *OR*
- Custom therapeutic shoes** molded from casts of the patient's feet with **custom molded** multi-density inserts.

(Note : Custom molded shoes are only covered when the patient has a foot deformity that cannot be accommodated by off-the shelf depth shoes.)

Diagnosis: \_\_\_\_\_

Doctors Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prescribing Physician Information:

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

NPI #: \_\_\_\_\_

*Please understand that we cannot dispense footwear prior to receiving a complete written order*