

**American
Brace &
Limb
Enterprise, LLC**

1044 S. Cumberland Street
Morristown, TN 37813
phone (423)-318-8824
fax (423)-318-2872

THERAPEUTIC SHOES FOR DIABETICS
Statement of Certifying Physician for Therapeutic Shoes

Patient name: Sample Patient
DOB: 01/01/2016
HIC # _777x77x7777x_

I certify that all the following statements are true:

(The foot exam must include documentation regarding all statements.)

- 1) This patient has Diabetes Mellitus
- 2) **This has one or more of the following conditions:**
 - Please circle the statement(s) that apply to the patient.*
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulceration
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
- 3) I am treating this patient under a comprehensive plan of care for his/her diabetes.
- 4) This patient needs special shoes "depth or custom molded" because of their diabetes.

Per Medicare Guidelines:
SIGNATURE MUST BE M.D OR D.O

Physicians Signature: _____ DATE 01/01/2016 _____
Physicians Printed Name Dr Didit Right NPI: 123x456x78
Address 123 Any Street, Anywhere USA 12345
Phone 423-555-4567 FAX 423-555-4578

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Sample
Detailed Written Order

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DETAILED WRITTEN ORDER FOR DIABETIC SHOES

Patient Name: Sample Patient Date: 01/01/2016
Start Date: 01/01/2016 DOB: 01/01/2016
Diagnosis: NIDDM ICD10: E11.45
Affected Side: Left Right Bilateral Length of use: 99

A5500 RIGHT/ LEFT (2 UNITS/ 1 PAIR)

For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi- density insert(s), per shoe

A5512 RIGHT (3 UNITS)

For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer o

A5512 LEFT (3 UNITS)

For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer o

Physicians Signature _____ **Date** 01/01/2016

Printed Name Dr. Didit Right NPI: 123x456x789

Address: 123 Any Street City Anywhere Zip 12345