



# Prescription for Diabetic Shoes and Inserts

Patient: \_\_\_\_\_

Patient D.O.B. \_\_\_\_\_ Patient Phone: \_\_\_\_\_

1) Type of shoes prescribed (check):  Extra Depth (A5500) – 1 pair, unless otherwise noted

2) Type of inserts (check one):  Heat Moldable (A5512) – 3 pairs, unless otherwise noted

Custom Fabricated (K0903) – 3 pairs, unless otherwise noted

ICD Notes and/or Special Instructions:

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

Must be an M.D., D.O., D.P.M., P.A., N.P., or Clinical Nurse S

Physician Name: \_\_\_\_\_

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

Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

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