

### Prescription for Therapeutic Footwear and Inserts

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dispense (**check one**)

\_\_\_\_ 1 pair of extra-depth **shoes** and 3 pair of heat molded multi-density **inserts**

\_\_\_\_ 1 pair of extra-depth **shoes** and 3 pair of custom molded multi-density **inserts**

\_\_\_\_ 1 pair of custom molded **shoes** and 3 pair of custom molded multi-density **inserts**

Medicare recommends patients with diabetes receive 3 pair of inserts to be rotated every 4 months

Additional modifications requested:

\_\_\_\_ Custom Toe Filler     **Circle one:** Left    Right    B/L

\_\_\_\_ Elevation \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

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

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

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

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