## American Medical Equipment, Inc. 29450 Gratiot Ave, Roseville, MI 48066 PH: (586) 298-6161 FX: (866) 593-7841

examination wit	r patient to qualify for Diabetic S	hoes you must perform a Face to F tion must include the items listed b ur daily progress notes.	
	ving items are addressed please		*****
PATIENT	·:	DOB:	
Chart Note Guidelines for Diabetic Shoes:			
Notes	must state that you did a fo	oot exam	
Notes 1	must state that you are orde	ering Diabetic Shoes	
<ul> <li>Must document at least one of the following conditions in the notes:</li> <li>History of partial or complete amputation of the foot</li> <li>History of previous foot ulceration.</li> <li>History of pre-ulcerative callus.</li> <li>Peripheral neuropathy with evidence of callus formation</li> <li>Foot deformity.</li> <li>Poor circulation.</li> </ul>			
(oral m	neds, insulin, diet, exercise be done by the certifying physician	gement plan for the diabetes e, etc) o (MD or DO only) who is managing the	