A D MEDICAL, INC.
America's Dietitians
Phone: 888-785-7370 • Fax: 888-785-7380
www.americasdietitians.com

Medicare Patients Only

STATEMENT OF CERTIFYING PHYSICIAN FOR THERAPEUTIC SHOES

Patient Name: _____ Phone: _____

Address: _____ Sex: ☐ M ☐ F

City: _____ State: _____ Zip: _____

DOB: _____ Medicare: _____ Secondary: _____

I certify that all of the following statements are true and documented in the patient notes.

1) This patient has diabetes mellitus ☐ E11.9 or ☐ E10.9 or ☐ Other: _____
2) This patient has one or more of the following conditions:

Check all that apply:	**Please circle**	**/**	**ICD-10-CM**
a) History of partial or complete amputation of the foot. (S98)	**L**	or **R**	_____
b) History of previous foot ulceration. (Z86.31)	**L**	or **R**	_____
c) History of pre-ulcerative callus. (L84)	**L**	or **R**	_____
d) Foot deformity. (M20.60 or M21.969)	**L**	or **R**	_____
e) Poor circulation. (I99.8)	**L**	or **R**	_____
f) Peripheral neuropathy with evidence of callus formation. (G57)	**L**	or **R**	_____

3) I am treating this patient under a comprehensive plan for his/her diabetes and by signing below, I certify that it is medically necessary for the above named patient to receive:

One (1) pair of depth-inlay shoes (A5500) and three (3) pairs of custom (A5514) or heat-moldable (A5512) inserts.

1 Physician Signature: _____ Date: _____
(Must be **MD** or **DO**)+

Physician: _____ NPI: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

*****THESE ARE 2 SEPARATE FORMS AND MUST BE FILLED OUT ENTIRELY*****

Prescription form for Therapeutic Footwear: Depth shoes and Inserts

Patient Name: _____ DOB: _____

ITEMS TO BE DISPENSED:

☐ One pair Depth Shoes (A5500) with 3 pair Custom Fabricated Inserts (A5514)
☐ One pair Depth Shoes (A5500) with 3 pair Heat Moldable Inserts (A5512)

2 Prescriber Signature: _____ NPI: _____
Prescriber's Name: _____ Date: _____
(Printed – May be **MD, DO, DPM, PA, NP, CNS**)

PLEASE COMPLETE AND FAX TO 888-785-7380

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+ NP/PA in CA, MI, NE, ND, OK, Kansas City