



Shoe Fit Rx
Phone: 605-359-8554
Fax: 605-525-6025
info@shoefitr.com

Patient Ph #

Patient Name

DOB

Rx Orthotics

- ☐ Custom Orthotics
- ☐ Off the Shelf Orthotics: SolesRX Support_____ Cushion_____
- ☐ Carbon Fiber Plate (Limit ROM)
- ☐ Shoe Recommendations
- ☐ Evaluate & Treat
- ☐ Diabetic Shoes & Orthotics: Custom_____ Off the Shelf_____
- ☐ Offload Metatarsals 1__ 2__ 3__ 4__ 5__ Lt.__ Rt.__
- ☐ ASO Ankle Brace
- ☐ Met Pad_____ Met Bar_____
- ☐ Compression Socks

Statement of Medical Necessity

Diagnosis with ICD-10 Codes

Physician Signature _____ Date: _____

Physician Name (printed) _____

Physicians NPI # _____

Phone: _____ Fax: _____