Bond Shoe & Foot

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Prescription for Therapeutic Shoes

Patient Name: _____ DOB: _____

Date: _____

The patient has been diagnosed with the following diabetic complications (check off all that apply):

__ Previous Amputation

__ Previous Ulceration

__ Previous Pre-Ulcer Callus

__ Peripheral Neuropathy with Callus Formation

__ Foot Deformity (hammertoes, bunions, charcot, etc.)

__ Poor Circulation

To manage this patient's condition(s), I am prescribing the following therapeutic shoes **and** inserts:

_____ Extra Depth Diabetic Shoes - A5500 (most common)
AND 3 pairs of Custom Molded Inserts - A5513 (most common)

_____ Custom Molded Shoes - A5501 (uncommon, severe conditions)

_____ Other

_____

Provider Name: _____

Provider Signature: _____

Provider NPI: _____

Provider Telephone: _____

Dear prescribing clinician,

Medicare has recently enhanced their guidelines regarding Therapeutic Shoes for Persons with Diabetes. These guidelines require that **ALL** prescriptions for therapeutic shoes be accompanied with detailed clinical notes regarding the specific foot conditions that qualify the patient for these shoes. Qualifying conditions are exclusive to the following:

Previous Amputation

Previous Ulceration

Previous Pre-Ulcerative Callus

Peripheral Neuropathy with Callus Formation

Foot Deformity (hammertoes, bunions, charcot, etc.)

Poor Circulation

Prescriptions delivered to Bond Shoe & Foot that are not accompanied with detailed podiatric notes about one of the above conditions from a recent in-person visit will not be filled. Notes that do not specifically detail the above qualifying conditions will be considered insufficient, and we will be unable to fill the prescribed devices.

We appreciate your cooperation and we look forward to servicing your patients.