Citizens Pharmacy
Flowery Branch, Georgia

Diabetic Shoe Order

Patient Information	
Order Date:	**Start Date of Order (if different):**
Patient's Name:	**Date of Birth:**
Patient's Address:	

Items Ordered

- ❒ 1 pair Diabetic Shoes Extra Depth (A5500) [or] ❒ 1 pair Custom Molded (A5501)
- ❒ 3 pair Inserts Heat Moldable (A5512) [or] ❒ 3 pair Custom Molded (A5513)

(If custom shoes are ordered, only 2 pair of inserts are billable)

ICD-10 Diagnosis

_____	_____	_____	_____

Certification

I certify that all the following statements are true:

It is important to note that even though you may complete and sign a form attesting that all of the coverage requirements have been met, there also must be documentation in your records to indicate that you are managing the patient's diabetes and that one of the conditions below is present. If requested by the supplier, you must provide copies of those records.

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions (check all that apply):
   - ❒ History of partial or complete amputation of the foot
   - ❒ History of previous foot ulceration
   - ❒ History of pre-ulcerative callus
   - ❒ Peripheral neuropathy with evidence of callus formation
   - ❒ Foot deformity
   - ❒ Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes and the date of their last office visit during which we address their diabetes was: _____
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Prescriber Signature: _____

Prescriber Information

Prescriber Name:		
NPI #:	**Phone #:**	**Fax #:**
Address:		

PLEASE FAX THIS COMPLETED FORM BACK TO (770) 967-0830

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