Therapeutic Shoes and Inserts

Foot Solutions Little Rock
1101 S Bowman Rd Suite A-5
Little Rock, AR 72211

TSB Medical Compliance
Tel.: 602-689-9363
Fax: 602-354-9298
Email: medical@tsbbilling.com

Standard Written Order

Order valid for 6 months from date of signature

Patient Name (Print): DOB:

Provider Name (Print): NPI:

I Am Prescribing: Date of Order: _____

- ☐ 1 Pair A5500 Depth Inlay Shoes
- ☐ 3 Pairs A5512 Heat Molded Multi-Density Inserts
- ☐ 3 Pairs A5513/A5514 Custom Fabricated Inserts
- ☐ Partial Foot Toe Filler ☐ Right ☐ Left
- ☐ Custom Inserts Other Foot
- ☐ Other (Describe) _____

I certify that I am the prescribing physician, I have reviewed this detailed written order and confirm the items prescribed and diagnosis are to the best of my knowledge accurate.

Statement of Certifying Physician

Valid for 3 months from date of signature

Patient Name (Print): DOB:

Physician MD/DO: _____ NPI: _____

Physician Address: _____

Phone: _____ Fax: _____

I certify all of the following statements are true:

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.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

PHYSICIAN SIGNATURE: _____ DATE: _____

The Statement of Certifying Physician may only be signed by a M.D. or D.O.

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Notes on Qualifying Conditions for Diabetic Shoes & Inserts

Per Medicare regulations, the foot condition(s) must be noted here or in the Medical Notes

Foot Exam Conducted By: NPI:

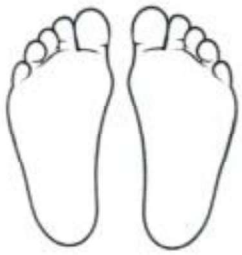
Patient Name: DOB: Phone:

Address: Email:

Findings of the Foot Exam: Please check all condition(s) that apply to your patient.

Conditions	Left	Right
Neuropathy / Absent-Decreased Sensation (monofilament exam)		
History of Previous Foot Ulceration		
Callus		
History of Pre-ulcerative Callus		
Hammertoe(s)		
Bunion(s)		
Other Foot / Toe Deformities (Described in summary below)		
Charcot Joint		
Charcot Marie-Tooth		
Diminished Dorsalis / Pedal Pulses		
Vascular Disease / Absent-Decreased Circulation – Lower Extremities		
Toe / Foot Amputation(s) (Described in summary below)		

Note Location of: Callus (C), Pre-ulceration / Ulcers (U), Diminished Sensation (+/-), Diminished Pulses (+1, +2)



The notes below summarize the findings of my patient's foot exam

PHYSICIAN SIGNATURE: DATE: