

Therapeutic Shoes and Inserts

Foot Solutions Greenville

103 E. Butler Road Ste. K
Greenville SC 29662



TSB Medical Compliance

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Standard Written Order

Order valid for 6 months from date of signature

Patient Name (Print):

DOB:

Provider Name (Print):

Date of Order:

I PRESCRIBING:

- 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.

PROVIDER SIGNATURE: _____ DATE: _____

NPI:

Phone:

Fax: