

Diabetic Shoes and Inserts

Foot Solutions East Cobb

4101 Roswell Road
Suite 800
Marietta GA 30062



Tel. 845.200.6606
Fax: 914.618.4599
alex.b@erianbilling.com

Standard Written Order

Order valid for 6 months from date of signature

Patient Name:

DOB:

Physician MD/DO (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.

PHYSICIAN SIGNATURE:

DATE:

NPI:

Phone:

Fax: