

# Diabetic Shoes and Inserts

Foot Solutions Orem  
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## 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:**