Therapeutic Shoes and Inserts

Foot Solutions Greenville
103 E. Butler Road Ste. K
Mauldin, SC 29662

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):	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: _____