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 only 6 months from date of signature

PATIENT NAME: DOB:

PHYSICIAN (PRINT): DATE OF ORDER:

I AM PRESCRIBING:

- ☐ 1Pair 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
- ☐ 3 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:

Please Fax to: 914.618.4599