



20 Medical Campus Drive Suite 102.
Supply, NC. 28462
Email: CHP@Carolinahealthcareproducts.com

Phone: (910) 755-6767
Fax: (910) 755-6769
E-Fax: (910) 230-5616

Standard Written Order for Diabetic/Therapeutic Shoes
(MD, DO, DPM, NP, PA, CNS)

Patient Name:		DOB:	
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For Insurance/Medicare to pay, two conditions must be documented within the past six months:

- 1. The Patient must be under a comprehensive plan of care for Diabetes.
- 2. The Patient must have a Qualifying Foot Condition.

As the Prescribing Clinician for diabetic shoes, you will also need to satisfy the documentation requirement to satisfy Criteria #2 listed above. This form by itself does not satisfy this requirement.

Date of Diabetic Foot Exam (Required): _____

Diabetes Diagnosis Code (ICD-10 code): _____
(E08.00 – E11.9, E13.00 – E13.9)

*Place a check mark in the box for your selection.

This patient requires:

- Non-custom Extra Depth Shoes (A5500) – 1 pair *(unless otherwise noted)*

With:

- Custom Molded Inserts (A5514) - 3 pair *(unless otherwise noted)*
- Toe Filler (L5000) -1 unit *(unless otherwise noted)*

*Must Specify Side: Left Foot Right Foot Both (2 units)

- Ankle Gauntlet(s) (L1902) - 1 unit *(unless otherwise noted)*

*Must Specify Side: Left Foot Right Foot Both (2 units)

Special Instructions:

Prescribing Clinician Information: *(may be signed by MD, DO, NP, PA, DPM, or CNS)*

Physician Name: _____ NPI #: _____

Address: _____

Phone Number _____ Fax Number _____

Physician Signature: _____ Date: _____

(Stamped/Rubber Signatures are not permitted)