Step One: Statement of Certifying Physician

Patient Information:

Patient's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ S.S.N.:_____

Date of Birth:_____ ☐ Male ☐ Female

Patient's Signature:_____

Insurance Information:

Primary Insurance:_____

_____

Secondary Insurance:_____

_____

Physician's Information:

I certify that all of the following statements are true:

The patient has diabetes mellitus: ☐ Yes ☐ No

Primary Diagnosis: ☐ Type 2 DM: 250.00 ☐ Type 1 DM: 250.01

Other:_____

The patient has one or more of the following conditions: (check all that apply)

_____History of partial or complete amputation of the foot (V49._)

_____Other Toe- .72

_____Great Toe- .71

_____Foot - .73

_____History of previous foot ulceration (707._: 5th digit specifically)

_____Heel to Midfoot - .14

_____Other Part of Foot - .15

_____History of pre-ulcerative callus (700)

_____Peripheral neuropathy with evidence of callus formation (337.1)

_____Foot deformity (736.70)

_____Poor circulation (459.81)

This patient is being treated under a comprehensive plan of care for diabetes. This patient needs depth inlay, extra-depth shoes with multiple density inserts because of his or her diabetes.

_____ yes _____ no

Physician's Name (first, last)_____ NPI#_____

Physician's Signature_____

Address_____ Phone_____

City_____ State_____ Zip_____

Date_____

Just two steps toward: happier, healthier patients.

Step Two: Fill Out the Prescription

For_____

Address_____ Date_____

One pair of extra-depth TenderFeet Shoes
with three (3) pairs* of custom-molded multi-density inserts
*If other than 3 pairs: _____Right _____Left

One pair of extra-depth Tenderfeet Shoes
with three (3) pairs* of pre-fabricated accommodative inserts
*If other than 3 pairs: _____Right _____Left

Modifications :

- ☐ Toe fill: Hallux Left Hallux Right
- ☐ Toe buttress for tranverse metatarsal amputation
- ☐ Metatarsal Bar
- ☐ Wedge
- ☐ Rocker Bottom
- ☐ Other

☐ Other_____

DR. SIGNATURE_____

NPI NO_____

ADDRESS_____

Please mail original singatured documents to pharmacy below:

Pharmacy Information

1050 W Central Ave, Ste. D Brea, CA 92821
1.800.942.2272 Fax 714.990.4060 www.tenderfeetshoes.com