



# Superior Home Medical, Inc.

108 S. Main Street ▪ Monroe, NC 28112

Phone: 704.225.0285 ▪ Fax: 704.225.0287

## Detailed Written Order - Therapeutic Shoes Order Form

### Patient Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Rep: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Male  Female DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Primary Insurance

Medicare (HIC#): \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Secondary Insurance

Medicaid#: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

Policy/Card#: \_\_\_\_\_

Group#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Style: \_\_\_\_\_ Size: \_\_\_\_\_ Product Code: \_\_\_\_\_ Color: \_\_\_\_\_

Prescription Footwear in depth 1 pair with Orthotics: 3 pairs  Male  Female

PURPOSE (desired effects) Patient objective is to transfer forced from high to low pressure area, giving protection for the insensitive diabetic foot, absorb shock and reduce shearing, maximize comfort.

ICD10 Code 250.00 \_\_\_\_\_ 250.01 \_\_\_\_\_ 250. \_\_\_\_\_ Other: \_\_\_\_\_

I certify that all of the following statements are true:

- 1) This patient has diabetes mellitus.
- 2) I am treating this patient under a comprehensive plan of care for his/her diabetes.
- 3) This patient needs special shoes (depth shoes) because of his/her diabetes.
- 4) This patient has one or more of the following conditions: (check all that apply)
  - Poor Circulation
  - History of foot ulceration
  - History of pre-ulcerative callus formation
  - Foot deformity (bunions, hammer toes, etc.)
  - Peripheral neuropathy with evidence of callus formation
  - History of partial or complete amputation of the foot

### Physician Information:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please Print)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ UPIN#: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_