

Prescription for:

Patient Name: _____

HIC#: _____

DIAGNOSIS: Diabetes Mellitus

(Please check all that apply)

- Peripheral neuropathy with callus formation
- Foot deformity
- Pre-ulcerative callus
- History of previous foot ulceration
- Partial or complete foot amputation
- Poor circulation

- 1 pair Depth Shoes (A5500) to prevent pedal ulceration and
- 3 Pair Inserts (K0628-Heat Molded) to prevent pedal ulceration
- 3 Pair Inserts (K0629-Custom Molded) to prevent pedal ulceration

DURATION: ONE YEAR

DPM/MD/DO/Name: _____

Phone:

Fax:

Signature: _____ **Date:** _____

UPIN #: _____