Vito's Pedorthic Center

Statement of Certifying Physician

Patient Name:_____ Date of Birth:_____
Diagnosis (ICD-10 E08-E13):_____
Date of last observational Diabetes management addressed:_____

MUST BE WITHIN 90 DAYS PRIOR TO SIGNING OF CERTIFYING PHYSICIAN
I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following qualifying conditions: **(CHECK ALL THAT APPLY)**
   - ☐ History of partial or complete amputation of the foot.
   - ☐ History of previous foot ulceration
   - ☐ History of pre-ulcerative callus
   - ☐ Peripheral neuropathy with evidence of callus formation
   - ☐ Foot deformity
   - ☐ Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician Signature (MD/DO):_____Date:_____
Physician Name:_____NPI:_____
Physician Address:_____
Physician Phone:_____

Prescription for Diabetic Footwear

Diagnosis (ICD-10 E08-E13):_____

- ☐ A5500 Diabetic depth shoes (quantity 2) and A5513 diabetic custom inserts (quantity 6)
- ☐ A5501 Custom molded shoes (quantity 2) and A5513 diabetic custom inserts (quantity 6)
- ☐ A5500 Diabetic depth shoes (quantity 2) and A5512 impression inserts (quantity 6)
- ☐ A5503 Diabetic rocker sole shoe modification (quantity 2)
- ☐ A5504 Diabetic wedge shoe modification
- ☐ A5505 Diabetic metatarsal bar insert modification (quantity 6)
- ☐ A5507 Diabetic shoe modification other:_____
- ☐ L5000 Prosthetic toe filler for shoe filler

Physician Signature:_____Date:_____
Physician Name:_____NPI:_____
Physician Address:_____
Physician Phone:_____

⇨ MD/DO please attach clinical notes that support the Statement of Certifying Physician. If clinical notes do not support the Statement of Certifying Physician it will be noted as incomplete. The qualifying conditions that are marked in the list above must also be reflected in the clinical notes. ⇦

Vito's Pedorthic Center *143 E. Rowland St. Suite #2 Covina, CA 91723*

Phone: 626-858-9460 Fax: 626-858-9767