



MISSION MEDICAL SUPPLY

CERTIFICATE OF MEDICAL NECESSITY

PHYSICIAN CERTIFICATION OF THERAPEUTIC DIABETIC SHOES & INSERTS PRESCRIPTION FORM

SAN DIEGO: 4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594
HOUSTON: 10515 BELLAIRE BLVD STE. M - HOUSTON, TX. 77072 - TEL: 281-933-3902 - FAX: 281-933-3949

Today's Date:	<input type="text"/>	PHYSICIAN NAME:	<input type="text"/>		
NPI NO.:	<input type="text"/>	DEA NO.:	<input type="text"/>	MEDICARE/MEDICAID NO.	<input type="text"/>
PHYSICIAN ADDRESS:	<input type="text"/>	CITY:	<input type="text"/>	STATE:	<input type="text"/>
				ZIP:	<input type="text"/>
PHYSICIAN PHONE NO.	<input type="text"/>		PHYSICIAN FAX NO.	<input type="text"/>	

MEMBER INFORMATION

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>	INITIAL:	<input type="text"/>
PHYSICAL ADDRESS:	<input type="text"/>	CITY:	<input type="text"/>	STATE:	<input type="text"/>
				ZIP:	<input type="text"/>
HOME PHONE:	<input type="text"/>	CELL PHONE:	<input type="text"/>	ALT. PHONE:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	HEIGHT:(FT)	<input type="text"/>	WEIGHT: (LBS)	<input type="text"/>
				MEDICARE	<input type="text"/>
				MEDICAL	<input type="text"/>
INSURANCE GROUP NAME	<input type="text"/>		POLICY NO.	<input type="text"/>	

This Patient has one or more of the following conditions:

- FOOT ULCERS HISTORY OF PREVIOUS ULCERATION OF EITHER FOOT
- DUE TO A MICRO-VASCULAR DISEASE SECONDARY TO DIABETES.
- PERIPHERAL NEUROPATHY WITH EVIDENCE OF CALLOUS FORMATION OF EITHER FOOT
- DEFORMING OF EITHER FOOT, THAT IS ROCKER BOTTOM FOOT OR CHARCOT FOOT
- DOCUMENTATION OF COMRPOMISED VASCULAR DISEASE IN EITHER FOOT
- POSITIVE MONOFILAMENT EXAMINATION INDICATING DIABETIC NEUROPATHY
- PREVIOUS AMPUTATION OF THE CONTRALATERAL FOOT, OR PART OF EITHER FOOT

At least one of the following are required for custom orthotics. (HCPCS code A5513) and/or custom shoes (Code A5501)

(CHECK ALL THAT APPLY)

- Diabetes mellitus with neurological manifestations (amputations, significant deformaties and/or pre-ulcerations)
- Diabetes mellitus with peripheral circulatory disorders
- Diabetis mellitus with other specified disorders

ITEMS PRESCRIBED:

- OFF-THE-SHELF SHOES (A5500) OFF-THE-SHELF INSERTS (3 PAIRS) (A5512)
- CUSTOM INSERTS (3 PAIRS) (A5513) ANKLE GAUNTLET (1 PAIR) (L1902)

PHYSICIAN SIGNATURE _____

DATE _____

Please fax the Diabetic Shoes ORDER form to: SAN DIEGO FAX: 619-229-9594 or HOUSTON FAX: 281-933-3949