



# MISSION MEDICAL SUPPLY

## PHYSICIAN CERTIFICATION OF THERAPEUTIC DIABETIC SHOES & INSERTS PRESCRIPTION FORM

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594 EMAIL:MISSIONDME@GMAIL.COM

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

- 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)
- HEAT MOLDABLE INSERTS A5510/A5512     ANKLE GAUNTLET (1 PAIR) (L1902)

PHYSICIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please fax the Diabetic Shoes ORDER form to: FAX: 619-229-9594 or EMAIL:MISSIONDME@GMAIL.COM