



515 BROADWAY ▪ STATEN ISLAND, NY ▪ 10310
(P) 718-981-9000 ▪ (F) 718-509-3578/718-981-4191

PRESCRIPTION FOR DIABETIC SHOES AND INSERTS

Patient Name: _____

Date of Birth: _____ Phone: _____

1) Type of shoes prescribed (check):

Extra Depth (A5500) – 1 pair, unless otherwise noted

2) Type of inserts prescribed (check one):

Heat Moldable (A5512) – 3 pairs, unless otherwise noted

Custom Fabricated (A5513/K0903) – 3 pairs, unless otherwise noted

ICD 10/Notes and/or Special Instructions:

Physician Signature: _____

(MUST BE AN M.D., D.O., D.P.M., P.A., N.P., OR CLINICAL NURSE PRACTITIONER)

Physician Name: _____

NPI #: _____ DATE: _____

Physician Phone: _____

Physician Address: _____

**KINDLY FAX THIS PRESCRIPTION ALONG WITH YOUR CHART NOTES FROM THE PATIENT'S
LAST VISIT TO 718-509-3578 (ATTN: ELAINE GURRIERI, C.P.O.) OR GIVE TO THE PATIENT.**

THANK YOU. ☺