

# Orthopedic Prescription Form

## DIABETIC Shoes & Inserts

Patient's Name: \_\_\_\_\_

**DX:**

- |                                 |                                 |                                 |                                 |  |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> 250.00 | <input type="checkbox"/> 250.50 | <input type="checkbox"/> 253.5  | <input type="checkbox"/> 362.01 | <input type="checkbox"/> Hammertoes                |
| <input type="checkbox"/> 250.10 | <input type="checkbox"/> 250.60 | <input type="checkbox"/> 357.2  | <input type="checkbox"/> 707.9  | <input type="checkbox"/> Metatarsalgia             |
| <input type="checkbox"/> 250.20 | <input type="checkbox"/> 250.70 | <input type="checkbox"/> 358.9  | <input type="checkbox"/> 751.7  | <input type="checkbox"/> Plantar Fasciitis         |
| <input type="checkbox"/> 250.30 | <input type="checkbox"/> 250.80 | <input type="checkbox"/> 362.0  | <input type="checkbox"/> 713.5  | <input type="checkbox"/> Amputation/Foot Deformity |
| <input type="checkbox"/> 250.40 | <input type="checkbox"/> 250.90 | <input type="checkbox"/> 707.10 | <input type="checkbox"/> _____  | <input type="checkbox"/> History of ulcers         |

**RX:**

- A5500 Xtra Depth Shoes
- A5501 Custom Molded Shoes

**Modifications:**

Rocker Bottom Soles:

- Toe Only
- Heel to Toe
- Double Rocker
- Severe Rocker
- Extended Steel/Carbon Fiber Shank
- Full sole lift for LLD \_\_\_\_R \_\_\_\_ L
- Medial Sole Wedge \_\_\_\_ R \_\_\_\_ L
- Lateral Sole Wedge \_\_\_\_ R \_\_\_\_ L

**Orthotic Inserts:**

- A5512 Prefabricated Insert
- A5513 Custom Molded Insert
  - 3/4 Length
  - Past Metatarsal Head Length
  - Full Length-total contact
  - Heel Lift Inch
  - Lateral Wedge Inch \_\_\_\_ R \_\_\_\_ L
  - Medial Wedge Inch \_\_\_\_ R \_\_\_\_ L

Other modifications or special instructions:

Physicians Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

UPIN: \_\_\_\_\_ Date: \_\_\_\_\_

Where to get these services:

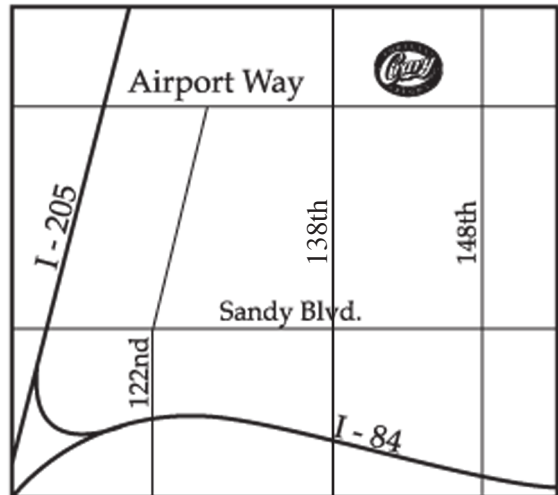
***Crary Shoes***

**Hours**

Custom Orthopedic Footwear M - TH 9:00am-5:00pm  
14325 NE Airport Way, Suite 115 F 9:00am - 4:00pm  
Portland, OR 97230

**Please call for an appointment**

Tel 503.253.8984 Fax 503.253.2094



Grey bldg, w/ green stripe on North side of street