CRARY SHOES - PRESCRIPTION FORM

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NE Portland - Headquarters
12035 NE Glenn Widing Dr
Portland, OR 97220

BY APPOINTMENT ONLY

NW Portland - Satellite Office
12400 NW Cornell Rd, Ste 201
Portland, OR 97229

BY APPOINTMENT ONLY

PATIENT : _____ DOB : _____

Dx :

ICD-10 Code:	Description:

Rx :

Diabetic Shoes/Inserts

- ☐ A5500 Extra Depth Shoes 2 Units
- ☐ A5501 Custom Molded Shoes 2 Units
- ☐ A5512 Pre-Fabricated Inserts ___ 6 Units
- ☐ A5513 Custom Molded Inserts ___ 6 Units
- ☐ L5000 Prosthetic Toe Filler ___ Units

Shoe Modifications :

- ☐ A5503 Rocker Bottom 2 Units
- ☐ A5506 Outsole Wedge/Offset ___ Units
- ☐ A5507 Other Modification ___ Units

Description: _____

Non-Diabetic Shoes/Inserts

- ☐ L3230 Non-Diabetic Custom Shoes
- ☐ L3221 Non-Diabetic Custom Shoes
- ☐ L3020 Custom Molded Orthotics
- ☐ L3310 Sole Lift- LLD
- ☐ L3410 Rocker Bottom Sole
- ☐ _____

Special Instructions:

Physicians Name :

NPI :

Physicians Signature :

Date :

STATEMENT OF CERTIFYING PHYSICIAN M.D. OR D.O. ONLY

PATIENT : DOB :

PRIMARY INSURANCE :

I certify that the following statements are true:

PLEASE NOTE: PERIPHERAL NEUROPATHY ALONE DOES NOT QUALIFY FOR SHOES AND INSERTS

1: This patient has diabetes mellitus ICD-10 code:

2. This patient has one or more of the following conditions (check all that apply):

- ☐ HISTORY OF PARTIAL OR COMPLETE AMPUTATION OF FOOT
- ☐ HISTORY OF PREVIOUS FOOT ULCERATION
- ☐ HISTORY PRE-ULCERATIVE CALLUS
- ☐ PERIPHERAL NEUROPATHY WITH EVIDENCE OF CALLUS FORMATION
- ☐ FOOT DEFORMITY (ie. HAMMERTOES, BUNIONS, CHARCOT, etc.)
- ☐ POOR CIRCULATION (chart notes must state poor circulation, NOT PVD or PAD

3. I am treating this patient under a comprehensive plan of care for his/her diabetes and it is documented in the patient's chart notes

4. My patient needs special shoes and inserts because of his/her diabetes

5. I have seen this patient within the last 6 months.

REQUIREMENT FOR MEDICARE PRIMARY PATIENT'S ONLY

6. I have attached recent chart notes from an in-person visit that document the patient's diabetic diagnosis and if I'm the prescribing physician, I have also documented a qualifying foot condition in the chart notes.

OR

If you are not the prescribing physician, then please review the chart notes and add your signature, stating you are in agreement with them.

PHYSICIAN NAME : DATE :

PHYSICIAN SIGNATURE :

FOR MEDICARE PATIENT'S MUST BE SIGNED BY M.D OR D.O ONLY

CRARY SHOES -PORTLAND'S PREMIER PEDORTHIC FACILITY

PLEASE FAX BACK TO 503.253.2094