





**Statement of Certifying Physician for Therapeutic Shoes**

Patient Name: \_\_\_\_\_ Birthdate: / /

ICD 10: \_\_\_\_\_

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
  - a) History of partial or complete amputation of the foot
  - b) History of previous foot ulceration
  - c) History of pre-ulcerative callus
  - d) Peripheral neuropathy with evidence of callus formation
  - e) Foot deformity
  - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Physician name (printed - **MUST BE AN M.D. OR D.O.**):

\_\_\_\_\_

Physician address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician NPI: \_\_\_\_\_

## Prescription for Therapeutic Footwear

*This section to be completed by MD, DO or DPM.  
Items must be fitted within three months of physician's signature  
or this Rx will be considered VOID.*

Rx - Please dispense the following (Check one only):

- One Pair of Extra Depth Diabetic Shoes / Three Pairs of Diabetic Inlays
- One Pair of Extra Depth Diabetic Shoes / Three Pairs of Custom Molded Inlays
- One Pair of Custom Molded Diabetic Shoes / Two Extra Pairs of Custom Molded Inlays
- Amputation Toe Filler/Foot Filler Right \_\_\_ Left \_\_\_

Other Please explain) \_\_\_\_\_

Duration of use: 12 months. ICD-10 CODE to justify the need for the items being prescribed. \_\_\_\_\_

**PHYSICIAN SIGNATURE Must be MD, DO or DPM. Original signature only. No signature stamp.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

PhysicianName \_\_\_\_\_

PracticeName \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

NPI# \_\_\_\_\_

**Walkwell Shoes, 413 Springfiled Ave., Summit, NJ | phone  
908.273.7979 | fax 908.273.7617**

**Certified Pedorthic Facility & Professional Orthotics  
@walkwellshoes.com**