Office Use Only

WORTHY MEDICAL SUPPLY

Shoe Choice **Size:**_____
1st Choice:_____
2nd Choice:_____

Phone: 770-935-6043
1-855-369-6043

3675 Crestwood Pkwy, Suite 100
Duluth, GA 30096
www.worthyms.com

Fax: 678-264-2121
1-866-232-0724

Prescription & Letter of Medical Necessity for Therapeutic Shoes

FILL FIRST BOX OR ATTACH PT DEMOGRAPHIC SHEET		
Name:	DOB:	Phone:
Address:		Primary Insurance:
City:	State:	Insurance ID#

ICD-10 Diagnosis Code:

- ☐ **E10.9** - Type I Diabetes without complications
- ☐ **E10.8** - Type I Diabetes with complications
- ☐ **E11.9** – Type II Diabetes without complications
- ☐ **E11.8** – Type II Diabetes with complications

The Patient must have a **Documented Hx** of one or more of the following to meet Medical Necessity

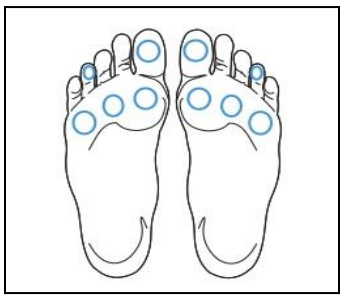
History of previous foot ulceration

- ☐ History of pre-ulcerative callus
- ☐ Peripheral neuropathy with evidence of callus formation
- ☐ History of partial or complete amputation of the foot
- ☐ Foot Deformity
- ☐ Poor Circulation

Physician's Order:

- ☐ **A5500** – For diabetics only. Fitting (including follow-up) custom preparation and supply of off-the shelf depth inlay shoes manufactured to accommodate multi-density inserts.
- ☐ **A5512** – For diabetics only, multi-density Pre-fabricated inserts available ONLY in whole size, medium width inserts.
- ☐ **A5513** – For diabetics only, multi-density inserts, custom molded from model of patient's foot Total contact with patient's foot.

Clinical Evaluation:



	LT	RT		RT	LT
Callus	☐	☐	Hammer toes	☐	☐
Ulcers	☐	☐	Overlapped toes	☐	☐
Heelspur	☐	☐	Amputated toes	☐	☐
Bunion	☐	☐	Metatarsalgia	☐	☐
Bunionette	☐	☐	Plantar fasciitis	☐	☐
Charcot	☐	☐	Toe pain	☐	☐

I am currently treating this patient under a comprehensive plan of care for diabetes mellitus. This patient needs extra depth shoes with multiple density inserts because of his/hers diabetes. I certify that all of the conditions checked above are in my doctor's notes.

_____

(Physician Signature M.D. or D.O.) Date

Physician Information: Dr. Name _____UPIN #_____

Address_____ City_____ State_____ Zip Code_____

Office Phone_____ Office Fax_____