



Evergreen

Prosthetics & Orthotics

Emanuel · Good Samaritan · St. Vincent's · Portland Central · Portland East · Hillsboro · Oregon City ·
Vancouver · Longview · Spokane · Tillamook · Astoria

DIABETIC FOOTWEAR PRESCRIPTION FORM

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Diagnosis: (E0.8.00 - E13.0) _____ . _____

Check Prescribed Procedures:

_____ One pair of extra depth shoes (A5500) with three pairs of custom molded multi-density inserts (A5513) * MOST COMMON

OR

_____ One pair of extra depth shoes (A5500) with three pairs of heat molded multi-density inserts (A5512)

OR

_____ One pair of custom molded shoes (A5501) with two pairs of custom molded multi-density inserts (A5513)

_____ Shoe Modification(s) Specify: _____

Physician Name

Physician Signature

Date

Physician Address

Physician NPI #

Physician Phone #

Physician Phone #