

Statement of Certifying Physician for Therapeutic Footwear



Patient Name: _____

Address: _____

Phone: _____

Certify that all of the following are true:

1. This patient has diabetes mellitus ICD-10 Code:

DIAGNOSIS:

- | | | | |
|--|---------|---------------------------------------|---------|
| <input type="checkbox"/> NIDDM PVD | E11.51 | <input type="checkbox"/> IDDM PVD | E10.51 |
| <input type="checkbox"/> NIDDM PN | E11.42 | <input type="checkbox"/> IDDM PN | E10.42 |
| <input type="checkbox"/> NIDDM w/Ulcer | E11.621 | <input type="checkbox"/> IDDM w/Ulcer | E10.621 |

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

- | | |
|--|---|
| <input type="checkbox"/> History of partial or complete amputation of the foot | <input type="checkbox"/> Peripheral neuropathy with evidence of callus formation |
| <input type="checkbox"/> History of pre-ulcerative callus | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> History of previous foot ulceration | |

FOOT DEFORMITIES:

- | | | |
|--|------------|------------|
| <input type="checkbox"/> Extosis | Rt M77.51 | Lt M77.52 |
| <input type="checkbox"/> Bunion | Rt M20.11 | Lt M20.12 |
| <input type="checkbox"/> Hammertoe | Rt M20.41 | Lt M20.42 |
| <input type="checkbox"/> Callus | L84 | |
| <input type="checkbox"/> Other Def Toes | Rt M20.5X1 | Lt M20.5X2 |
| <input type="checkbox"/> Amputation Hallux | Rt Z89.411 | Lt Z89.412 |
| Lesser Toes | Rt Z89.421 | Lt Z89.422 |
| Foot | Rt Z89.431 | Lt Z89.432 |

Other _____

3. I am treating this patient under a comprehensive plan of care for his/her diabetes.

4. This patient requires extra depth shoes and accommodative inserts

Certifying Physician Information

Doctor Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

NPI # _____

**This form should be filled out by the physician managing the patient's diabetes, and faxed to Personal Podiatry Associates or the patient can bring it to their appointment.*

Personal Podiatry Associates, PA
954-721-3411 Phone • 954-721-3772 Fax
8307 N. Pine Island Road • Tamarac, FL 33321
www.personalpodiatry.com