STANDARD WRITTEN ORDER

Patient Info

PATIENT NAME	DATE OF BIRTH
PATIENT MBI#	RECORD ID

TODAY'S DATE

Check all that apply

- ☐ DIABETES MELLITUS
- ☐ CALLUS(ES)
- ☐ CORN(S)
- ☐ ULCER(S)
- ☐ HAMMERTOE(S)
- ☐ AMPUTATION(S)
- ☐ POOR CIRCULATION
- ☐ OTHER:
- ☐ BUNION(S)
- ☐ CHARCOT DEFORMITY
- ☐ NEUROPATHY WITH EVIDENCE OF CALLUS FORMATION

Others

THE PATIENT REQUIRES

☐ THERAPEUTIC FOOTWEAR, NON-CUSTOM (A5500) - 1 PAIR (UNLESS OTHERWISE INDICATED)
WITH (SELECT ONE OPTION FROM BELOW)

☐ NON-CUSTOM, HEAT MOLDABLE (A5512) – 3 PAIRS (UNLESS OTHERWISE INDICATED)

☐ CUSTOM MOLDED INSERTS (A5513/A5514) – 3 PAIRS (UNLESS OTHERWISE INDICATED)

☐ LESIONS REQUIRING OFFLOADING (IF NECESSARY) L ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

☐ TOE FILLER (L5000)

☐ INDICATE MISSING DIGITS L ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

COMMENTS

Prescriber's Name

PRESCRIBING PHYSICIANS NAME

SIGNATURE	DATE

NPI# OF ORDERING ENTITY (M.D./D.O./DPM/PA/CNS/NP)