

**Smith's Drugs of Forest City**

139 East Main Street

Forest City, NC 28043

(828) 245-4591 Fax: (828) 245-1793

**Detailed Written Order**  
**Diabetic Shoes and Inserts**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
\_\_\_\_\_



Date of Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Length of Time Needed: \_\_\_\_\_

Diagnosis (list all): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_



Type of Equipment: Diabetic Shoes and Inserts

HCPC Codes & Descriptions: (Check all that are requested)

- A5500 – Diabetic Shoes, off the shelf depth – 1 pair
- A5512 – Multidensity Inserts, Heat Moldable – 3 pairs
- A5513 – Multidensity Inserts, Custom Molded
- Other: \_\_\_\_\_



Physician's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Provider Name:</b> Smith's Drugs of Forest City	<b>Physician:</b> _____
<b>Address:</b> 139 East Main Street	<b>Address:</b> _____
Forest City, NC 28043	_____
<b>Phone:</b> 828-245-4591	<b>Phone:</b> _____
<b>Fax:</b> 828-245-1793	<b>Fax:</b> _____
<b>NPI:</b> 1437171949	<b>NPI:</b> _____

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_