



MEDICAL PHARMACY

1213 MAIN STREET, WILLIMANTIC, CT 06226
PHONE: (860) 423-1661 - FAX: (860) 423-4334
JOINT COMMISSION ACCREDITED

Oxygen
CPAP/BIPAP
Hospital Beds
Wheelchairs
Home Care Supplies
Equipment Service

www.MedicalPharmacyCT.com

*** Order must be signed by an "MD" or "DO".

This half must be completed by the patient's PCP and must be an "MD or "DO".

STATEMENT OF CERTIFYING PHYSICIAN

Patient Name: Date Ordered:

DOB:

Patient Name: DOB:

Patient Address:

Insurance ID #:

Diagnosis: Length of Need:

Check all that apply:

Diabetes Mellitus
Hammertoe (s)
Bunion (s)
Ulcer (s)
Posterior Tib. Disorder
Peripheral Vascular Disease

The patient requires:

Diabetic Footwear, non custom (A5500) - 1 pair
(unless otherwise indicated)

With:

Custom Molded Inserts (A5513)
Toe Filler (L3550)

Date of last visit pertaining to diabetes management: (Face to Face)

Physician Name: NPI:

Physician Address:

Physician Signature:

Date:

I certify that all of the following statements are true:

1. The patient has diabetes mellitus. ICD-10 Code:
2. The patient has one of the following conditions (select all that may apply)

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

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

4. This patient needs special shoes (depth or custom-molded) and/or inserts because of their diabetic condition.

Certifying Physician Information: (must be signed by a MD or DO)

Physician Name: NPI:

Physician Address:

Enrolled in PECOS: YES NO Enrolled in CMAP: YES NO

Physician Signature:

Date:

**It is important to note that even though you may complete and sign a form attesting that all of the coverage requirements have been met, there also must be documentation in your records that indicate that you are managing the patient's diabetes and that one of the conditions listed below is present. If requested by the supplier, you must provide copies of those records