More than 60% of non-traumatic lower limb amputations are a result of diabetes.

The rate of amputation for people with diabetes is 10 times higher than for people without diabetes.

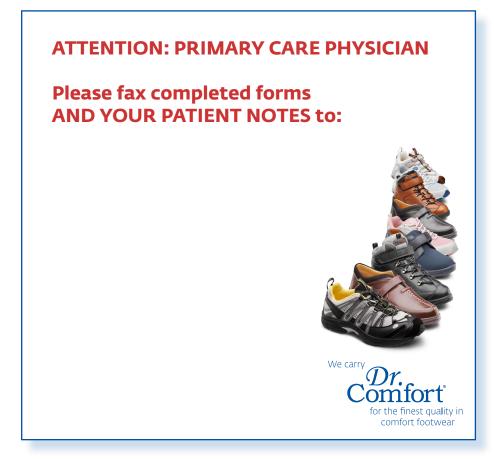
60-70% of diabetics have mild to severe forms of nervous system damage resulting in impaired sensation in the feet.

According to the CDC (Centers for Disease Control), comprehensive foot care programs can reduce diabetic foot amputations by as much as 85%.

For more information on diabetes and your feet, visit these sites:

www.diabetes.org www.drcomfort.com www.cdc.gov www.cms.gov

TAKE THIS TO YOUR PRIMARY CARE PHYSICIAN



Healthier, happier feet start here.





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TAKE THIS TO YOUR PRIMARY CARE PHYSICIAN

IMPORTANT MEDICARE DOCUMENTATION INSTRUCTIONS

Dear Doctor,

Just a few minutes of your time could help protect me against the foot health issues associated with diabetes – such as foot ulcerations or amputation.



NOTE: Most recent office visit to Primary Care Physician must be within 6 months of patient receiving diabetic shoes and inserts.

To be completed by the M.D. or D.O. managing the patient's systemic diabetes condition in order for the patient to receive the Medicare benefit for prescription diabetic shoes and inserts under the Therapeutic Shoes for Persons with Diabetes (TSPD) Act.

Providing this benefit for your patient is as easy as

One, Two, Three...

One

Complete the **Statement of Certifying Physician** confirming the patient meets Medicare's criteria—they have diabetes and one of the six qualifying conditions listed on the Statement.

Two

Complete the **Prescription for Diabetic Shoes** and **Inserts**, along with any special instructions.

Three

Provide a copy of your **Patient Notes**—the sections showing 1) diagnosis of the qualifying condition and 2) treatment of the patient's diabetes.

Return these three documents to the patient or simply fax them to the provider listed on the back of this brochure. If you have any questions, please contact the provider for assistance.

To be completed by the M.D. or D.O. managing the patient's systemic diabetes condition in order for the patient to receive the Medicare benefit for prescription diabetic shoes and inserts under the Therapeutic Shoes for Persons with Diabetes (TSPD) Act.

Statement of Certifying Physician

atier	nt D.O.B.	.:	Patie	nt Phone:	
	This pa	atient has d	iabetes m	nellitus:	
		Type II		Type I	
)	QUALIFYING CONDITIONS: I have diagnosed and am including my notes showing that this patient has one or more of the following:				
		History of History of	previous f pre-ulcer neuropat mity	complete amputation of the foot foot ulceration ative callus thy with evidence of callus formation	
)	I am treating this patient under a comprehensive plan for care of his/her diabetes.				
)	This patient needs special shoes (extra depth or custom molded) because of his/her diabetes.				
)	This patient needs shoe inserts (heat molded or custom fabricated) because of his/her diabetes.				
hysid	cian Sigr	nature:		Must be an M.D. or D.O.	
hysid	ian Nar	ne:			
PI#	:			Date:	
hysid	ian Pho	ne:			

Prescription for Diabetic Shoes and Inserts

Patient	:				
Patient	D.O.B.: Patient Phone:				
1)	Type of shoes prescribed (check):				
	Extra Depth (A5500) - 1 pair, unless otherwise noted				
2)	Type of inserts prescribed (check one):				
	 ☐ Heat Moldable (A5512) - 3 pairs, unless otherwise noted ☐ Custom Fabricated (A5513) - 3 pairs, unless otherwise noted 				
ICD No	otes and/or Special Instructions:				
Physici	an Signature: Must be an M.D., D.O., D.P.M., P.A., N.P. or Clinical Nurse Specialist				
Physici	an Name:				
NPI #: Date:					
Physici	an Phone:				
Physici	an Address:				

...OR GIVE THIS AND YOUR PATIENT NOTES BACK TO THE PATIENT. THANK YOU!

FAX THIS AND YOUR PATIENT NOTES TO THE NUMBER ON THE BACK OF BROCHURE...