



500 Spring Hill Drive, Suite 200
Spring, TX 77386
(832) 813-5278
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ORTHOTIC PRESCRIPTION

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

DIABETIC SHOE(S) AND FOOT ORTHOTIC(S)

Modifiers: R L Bilat (circle one)

Table with 3 columns: QTY, HCPCS, DESCRIPTION. Row 1: 2, A5500, For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe... Row 2: 6, A5513, For diabetics only, multiple density insert, custom molded from model of patient's foot...

Comments:

Four horizontal lines for writing comments.

Estimated length of use: Lifetime

Physician Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD: \_\_\_\_\_
Address: \_\_\_\_\_
Phone#: \_\_\_\_\_
Fax#: \_\_\_\_\_
NPI#: \_\_\_\_\_