JONES MEDICAL EQUIPMENT
481-B Elma G. Miles Parkway Hinesville, GA 31313 Phone 912-877-3202 Fax 912-877-3206
NPI 1578900841
210 Grand Central Blvd. Pooler, Ga. 31322 Phone 912-988-3718 Fax 912-988-7064
NPI 1396202495

*****ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED*****

Diabetic Shoes and Inserts

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

Equipment Ordered (Circle/Check All that Apply)

Brand= Dr. Comfort

- A5500 Diabetic Shoe- Right Qty _____ Left Qty _____
- A5512 Heat Mold Insert- Right Qty _____ Left Qty _____
- A5513 Custom Mold Insert- Right Qty _____ Left Qty _____

Other or Specific Instructions or Accessories ordered by Treating Physician

_____

_____

To be completed by provider (must be an M.D. or D.O.)

Prognosis (circle) Fair Good Poor Length of Need _____ (99= lifetime)

Date of Order (RX) _____ Date of Office Visit _____

DX _____ ICD-10 Code _____

DX _____ ICD-10 Code _____

Indication

1. Yes No The patient has diabetes mellitus?
2. The patient has one or more of the following conditions:

* Yes No a) previous amputation of the other foot or part of either foot OR
* Yes No b) the patient has history of previous foot ulceration of either foot OR
* Yes No c) the patient has history of pre-ulcerative calluses of either foot OR
* Yes No d) the patient has peripheral neuropathy with evidence of callus formation of either foot OR
* Yes No e) foot deformity of either foot OR
* Yes No f) Poor circulation of either foot

_____ _____

Provider Signature Date