

HILL COUNTRY Prescription for Diabetic Shoes & Inserts

Orthotics & Prosthetics

Fax Orders to: (210) 694-4581

Patient Name: Anna Garza Date: 6/27/23

ICD 10: _____ Diagnosis: E11.42, E11.51, L84 DOB: 12-8-52

Length of Need (Number of Months or Lifetime): 99 Start Date: 6/27/23

Items Needed:

- Diabetic Shoes A5500 x2 with Diabetic Inserts, heat molded A5512 x6
- Diabetic Shoes A5500 x2 with Diabetic Inserts, custom A5513/A5514 x6
- Diabetic Shoes A5500 x2 with (select one):
 - Right Side** Toe Filler L5000 x1 and **Left Side** Diabetic Inserts, custom A5513/A5514 x3
 - Left Side** Toe Filler L5000 x1 and **Right Side** Diabetic Inserts, custom A5513/A5514 x3
 - Bilateral** Toe Filler L5000 x2

Additional Items* (To prescribe any additional items not listed above, please fully describe items below (Include Quantity and Right/Left/Bilateral))

*Other services include but are not limited to upper and lower extremity prosthetics, custom/off-the-shell upper and lower extremity orthotics, custom and prefabricated lumbar orthotics.

Letter of Medical Necessity:

The above patient has been under my care and is in need of the prescribed orthopedic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

Physician Name: Dr. Javier A. Saez MD NPI#: 1770781452

Physician Signature:  Date: 6/27/23

(Medicare Requires Hand Signature and Date)