

Patient: MENDOZA REYES, Faustino DOB: Apr 11, 1943

HILL COUNTRY

Orthotics & Prosthetics

Prescription for Diabetic Shoes & Inserts

Fax Orders to: (210) 694-4581

Patient Name: Faustino Mendoza Reyes Date: 4/11/43

ICD 10: _____ Diagnosis: E11.42, E11.51 DOB: 6/26/23

Length of Need (Number of Months or Lifetime): 12 Start Date: 6/26/23

Items Needed:

- Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, heat molded A5512
- Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, custom A5513/A5514
- Diabetic Shoes A5500 with:
 - 3 Diabetic Inserts, custom A5513/A5514 (select side)
 - Right
 - Left
 - 1 Toe Filler L5500 (select side)
 - Right
 - Left
- Diabetic Shoes A5500 with L5500 Toe Filler Bilateral
- 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-shelf 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. Angela Jones-Allen NPI#: 1447200712

Physician Signature: *Dr. Jones-Allen* Date: 6/26/23
(Please Print) (Medicare Requires Hand Signature and Date)

Central Intake Phone: (210) 614-8777