

HILL COUNTRY Prescription for Diabetic Shoes & Inserts

Orthotics & Prosthetics

Fax Orders to: (210) 694-4581

Patient Name: Maria Marron Date: 6/28/23

ICD 10: E11.42 Diagnosis: DM 2 polyneuropathy DOB: 11/5/58

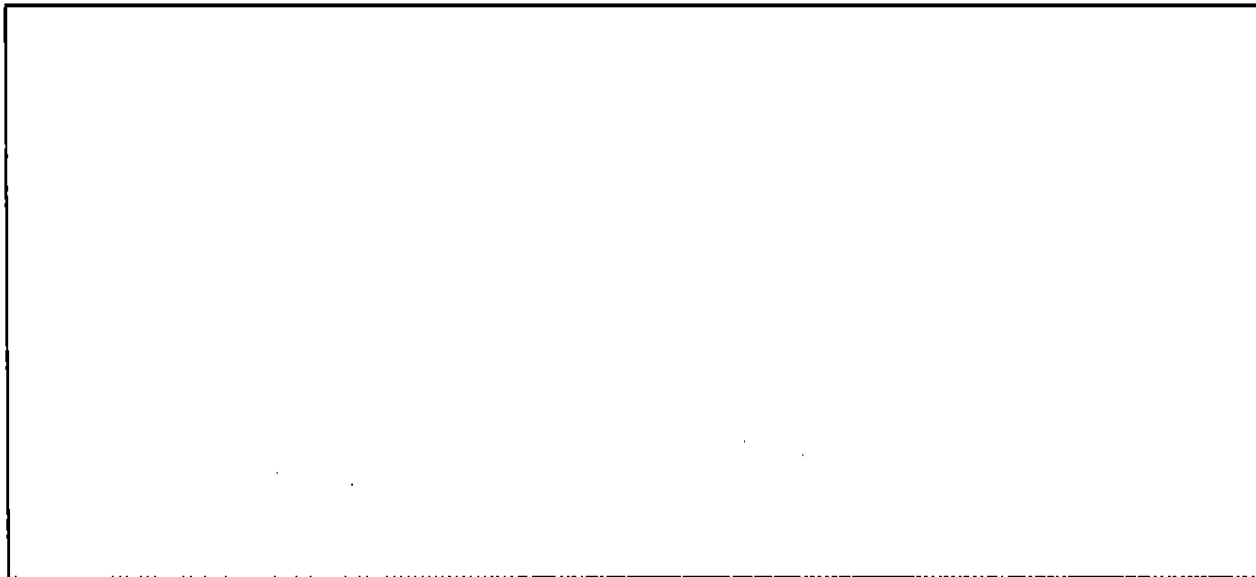
Length of Need (Number of Months or Lifetime): 99 Callus; circulatory Start Date: 5/9/23

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-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: Javier Saenz MD NPI#: 170781452
(Please Print)

Physician Signature: [Handwritten Signature] Date: 6/28/23
(Medicare Requires Hand Signature and Date)

Central Intake Phone: (210) 614-8777