ATTENTION: PRIMARY CARE PHYSICIAN

Please fax Completed forms AND Your Patient Notes to:

A Comprehensive Foot Health Program is an integral part of managing a patient’s diabetes.

More than 60% of non-traumatic lower limb amputations occur in people with diabetes.¹

The rate of amputation for people with diabetes is 8 times higher than for people without diabetes.²

60-70% of diabetics have mild to severe forms of nervous system damage resulting in impaired sensation in the feet.¹

According to the CDC (Centers for Disease Control), comprehensive foot care programs can reduce diabetic foot amputations by as much as 85%.³

For more information on diabetes and your feet, visit these sites:

diabetes.org
drcomfort.com
cdc.gov


IMPORTANT MEDICARE DOCUMENTATION INSTRUCTIONS

TAKE THIS TO YOUR PRIMARY CARE PHYSICIAN

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Individual results may vary. Neither DJO Global, Inc. nor any of its subsidiaries dispense medical advice. The contents of this brochure do not constitute medical, legal, or any other type of professional advice. Rather, please consult your healthcare professional for information on the courses of treatment, if any, which may be appropriate for you.
Dear Doctor,

Just a few minutes of your time could help protect me against the foot health issues associated with diabetes. Providing this benefit is as easy as:

One
Complete the Statement of Certifying Physician confirming the patient meets Medicare’s criteria—they have diabetes and one of the six qualifying conditions listed on the Statement.

Two
Complete the Prescription for Diabetic Shoes and Inserts, along with any special instructions.

Three
Provide a copy of your Patient Notes—the sections showing 1) diagnosis of the qualifying condition and 2) treatment of the patient’s diabetes.

*NOTE: Most recent office visit to Primary Care Physician and diagnosis of and/or treatment of qualifying condition must be within 6 months of patient receiving diabetic shoes and inserts.

To be completed by the M.D. or D.O. managing the patient’s systemic diabetes condition in order for the patient to receive the Medicare benefit for prescription diabetic shoes and inserts under the Therapeutic Shoes for Persons with Diabetes (TSPD) Act.

Return these three documents to the patient or simply fax them to the provider listed on the back of this brochure. If you have any questions, please contact the provider for assistance.