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%.¹

ATTENTION: PRIMARY CARE PHYSICIAN

Please fax completed forms AND YOUR PATIENT NOTES to:

Healthier, happier feet start here.

www.drcmfort.com  800.996.5572

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.
Statement of Certifying Physician

Patient: ____________________________

Patient D.O.B.: ___________ Patient Phone: ____________________

1) This patient has diabetes mellitus:
   □ Type II  □ Type I

2) QUALIFYING CONDITIONS: I have diagnosed and am including my notes showing that this patient has one or more of the following:
   □ Poor circulation
   □ Foot deformity
   □ Peripheral neuropathy with evidence of callus formation
   □ History of pre-ulcerative callus
   □ History of previous foot ulceration
   □ History of partial or complete amputation of the foot

3) I am treating this patient under a comprehensive plan for care of his/her diabetes.

4) This patient needs special shoes (extra depth or custom molded) because of his/her diabetes.

5) This patient needs shoe inserts (heat molded or custom fabricated) because of his/her diabetes.

Physician Signature: ____________________________

Physician Name: ____________________________

NPI #: ___________ Date: ___________

Physician Phone: ____________________________

Physician Address: ____________________________

FAX THIS AND YOUR PATIENT NOTES TO THE NUMBER ON THE BACK OF BROCHURE...

Must be an M.D. or D.O.

Must be an M.D., D.O., D.P.M., P.A., N.P. or Clinical Nurse Specialist

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.

One, Two, Three...

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.

* See note on front cover.

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.

Providing this benefit for your patient is as easy as One, Two, Three...