



Ortho Engineering Inc.

Orthotics | Prosthetics | Therapeutic Shoes

Statement of Certifying Physician For Therapeutic Footwear

(Prescribing Physician may be different from Certifying Physician)

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Certifying Physician Information

Signature: _____ NPI#: _____

Name (Must be MD or DO): _____ Date: _____

CULVER CITY 5759 Uplander Way Culver City, CA 90230 PHONE: (310) 559-5996 FAX: (310) 559-5003