

TAKE ONE

EXPRESS FOOTWEAR

MEETING YOUR PEDORTHIC NEEDS

DIABETIC SHOES & INSERTS



- Diabetic Shoes
- Custom Inserts
- PowerSteps
- Diabetic Socks
- Delivery Services
- Certified Pedorthists



For More Information,
Call Us Toll Free
888-901-2101
www.expressfootwear.com

MEN'S SHOES

Walking & Athletic Shoes



7100
Lace Only
White



7103
Velcro & Lace
Black



7102
Velcro & Lace
White Black



7101
Lace Only
White Black

Casual & Dress Shoes



7106
Velcro & Lace
Wine Black Clay



7105
Velcro & Lace
Black Brown



7104
Velcro Only
Brown Black



7109
Velcro & Lace
Black



7108
Lace Only
Brown Black



7107
Velcro & Lace
Brown Black Clay

Medicare Benefits PART B COVERED

Blue Cross/Blue Shield, TennCare,
Medicaid, Most Insurance Accepted,
No HMO's Without Prior Authorization

WOMEN'S SHOES

Walking & Athletic Shoes



7800
Velcro & Lace
Pink Blue



7801
Lace Only
White



7802
Velcro & Lace
White Black

Casual & Dress Shoes



7805
Velcro Only
White Black Bone



7804
Mary-Jane Style
Brown Black



7803
Velcro & Lace
Brown Black



7808
Velcro & Lace
Black Bone Taupe



7807
Zipper Only
Red Black Brown



7806
Velcro Only
Black Wicket Navy

See Your Physician that
Treats Your Diabetes to have
the Enclosed Form Filled Out
To Receive Your Diabetic
Shoes & Inserts



7809
Lace Only
Black/Brown Combo

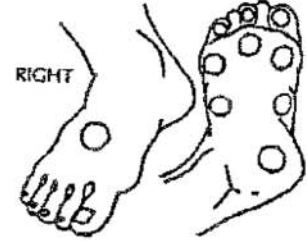
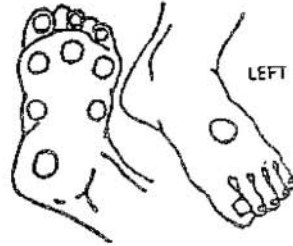
For More Information, Call Us Toll Free
888-901-2101
www.expressfootwear.com

Patient's Name _____ **Phone** _____ **Date of Birth** ____/____/____
 Medicare # _____ Other Insurance _____
 Address _____ City _____ State _____ Zip _____

Chart Documentation: Show areas of callus formation, swelling of feet and any other areas of concern with abbreviated condition on the foot chart below:

Foot Conditions and Codes:

- Callus Formation..... **C**
- Deformity **D**
- Ulcers..... **U**
- Peripheral Neuropathy **PN**
- Hammer Toes **H**
- History of Ulcers..... **HU**
- Swelling..... **S**
- Bunions..... **B**
- Redness..... **R**
- Amputation.....**A**
- Pre-Ulcerative
 Callus Formation**PUCF**



Notes _____

Color _____ Lace Velcro® Current size _____ Width _____

Prescription: Footwear, In-depth (1 pair) with Orthotics, Custom Heat molded (3 pairs) Male Female

Statement of Certifying Physician for Therapeutic Shoes

(Answer questions 1 thru 5 – Check all that apply)

1. **Verification: Chart notes must be available for foot condition & Diabetes when ordering this product**

2. This patient has Diabetes Mellitus Yes No – **ICD.9 code for Diabetes** _____ **REQUIRED**

3. This patient has one or more of the following conditions **(please check all that apply) REQUIRED**

- Poor circulation – ICD.9 code for this condition _____
- Peripheral Neuropathy with evidence of callus formation – ICD.9 _____
- Foot Deformity (bunions, hammertoes, etc.) Right foot Left foot
- History of foot ulcerations Right foot Left foot
- History of partial or complete amputation of the foot Right foot Left foot
- History of pre-ulcerative callus Right Left foot

4. I am treating this patient under a comprehensive plan of care for his/her diabetes Yes No

5. This patient needs special shoes (depth shoes) because of his/her diabetes Yes No

I certify that all of the preceding statements are true: (documentation is in patient's chart)

Physician's Signature _____ **Date** _____

Physician's name (printed) _____ M.D. D.O. **NPI#** _____

Physician's Address _____ City _____ State _____ Zip 42718

Physician's Phone _____ Fax _____

See your physician to have this order form completed. Return to the supplier listed below.

Mail To: Express Footwear
 1430 Interstate Dr.
 Cookeville, TN 38501



**Please visit our Cookeville Location
 or a Pedorthist will deliver to your home.**

Express Fax: 1-888-950-2119

Customer Service: 1-888-901-2101

We will call you to schedule your appointment for fitting and delivery.

email: info@expressfootwear.com www.expressfootwear.com