



Patient Ph #

Patient Name

DOB

Rx Orthotics

- Custom Orthotics
- Off the Shelf Orthotics: SolesRX Support _____ Cushion _____
- Carbon Fiber Plate (Limit ROM)
- Shoe Recommendations
- Evaluate & Treat
- Diabetic Shoes & Orthotics: Custom _____ Off the Shelf _____
- Offload Metatarsals 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Lt. ___ Rt. ___
- ASO Ankle Brace
- Met Pad _____ Met Bar _____
- Compression Socks

Statement of Medical Necessity

Diagnosis with ICD-10 Codes

Physician Signature _____ Date: _____

Physician Name (printed) _____

Physicians NPI # _____

Phone: _____ Fax: _____

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