

Central Kansas Podiatry Associates

Benjamin W. Weaver, DPM, CWS, FACFAOM, FACFOAM, FAPWCA, FAAPPM

State of the Art Podiatric Care

2081 N. Webb Rd

Wichita, KS 67206

316-269-3338

Fax: 316-264-5516

STATEMENT OF CERTIFYING PHYSICIAN

PATIENT NAME _____ CHART # _____ DATE _____

PLEASE CHECK ALL THAT APPLY:

DIABETES TYPE:

___ Type I

___ Type II

PRIMARY DIAGNOSIS

__ Claw toe (735.5)

__ Hallux rigidus (735.2)

__ Hallux valgus (735.0)

__ Hammer toe (735.4)

__ History of pre-ulcerative callus (707.9)

__ Lower limb amputation, foot (V49.73)

__ Lower limb amputation, lesser toe(s) (V49.72)

__ Ulcer of heel and midfoot (707.14)

__ Ulcer other part of foot (707.15)

__ Unspecified deformity of ankle and foot, acquired (736.70)

__ Unspecified acquired foot deformity of toe (735.9)

__ Poor circulation (443.9)

"I certify that I am managing this patient's diabetes that my records reflect that the indicated diagnoses are present and this patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes. As required by Medicare, if requested, I will provide copies of these records."

MD/DO/NAME _____

Phone _____ Fax _____ Address _____

SIGNATURE: _____ DATE: _____ Upin: _____

**Heel Pain.Bunions.Hammertoes.Tumors.Fractures.Ingrown Nails.Trauma.Wound
Care.Orthotics.Diagonostic Ultrasound.Diabetic Shoes.Physical Therapy.Bracing.DME**

Central Kansas Podiatry Associates

Benjamin W. Weaver, DPM, CWS, FACFAOM, FACFOAM, FAPWCA, FAAPPM

State of the Art Podiatric Care

2081 N. Webb Rd

Wichita, KS 67206

316-269-3338

Fax: 316-264-5516

SHOE ORDER FORM CENTRAL KANSAS PODIATRY

Patient Name _____ Chart # _____ Date _____

Packet done by: _____

Dr. Weaver

Dr. COMFORT

CIRCLE ONE: MEN OR WOMEN

COLLECTION: (CIRCLE ONE)

ATHLETIC, CLASSIC HEELS, CASUAL COMFORT, MARY JANE, SPECIALTY,

DOUBLE DEPTH, MENS DRESS

NAME OF SHOE : _____

COLOR OF SHOE: _____

CODE # OF SHOE: _____

WIDTH: _____

SIZE: _____

Heat Molded Inserts _____ Custom Biofoams _____ Custom Orthotics _____

Self Pay for Shoes _____ Self Pay for Inserts _____