Statement of Medical Necessity for Podiatric Pedal Nail Care

	, hereby state that I have marked foot omfort, and my ability to walk is limited, when I don't receive podiatric due to the fact that my toe nails have a fungus infection and:
√	CHECK ALL THAT APPLY:
	are enlarged and thickened and cause pain when walking in shoes. the corners dig in and cause pain when walking in shoes the nails just hurt whenever I walk in shoes

Due to the above problems, I need periodic podiatric care to either reduce the thickness of the nails or to remove the corners, so that I can walk without pain and avoid infections caused by ingrown nails. I am aware that clinical evidence of mycotic (fungus) infection of my toe nails has been documented by my podiatrist.

Date	Signature	Circle Painful Nails											
	-	5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	
		5	4	3	2	1	ALL	1	2	3	4	5	