



For Diabetic Foot Clinic and O & P Clinic

BY APPOINTMENT ONLY – PLEASE CALL: (916) 368-7700 Ext 201

If any question, please email our Clinical Network Quality Assurance
Janet Mendez; jmendez@sunriseshoes.com – Tel: (916) 368-7700

Patient Name (PRINT): _____

Phone#: _____

MR#: _____

Dx:

__ 250.00: Diabetes Mellitus without Mention Of Complication

__ 250.10: Diabetes with Ketoacidosis

__ 250.60: Diabetes with Neurological Manifestations

__ 250.70: Diabetes with Peripheral Circulatory Disorders

__ 250.80: Diabetes with Other Specified Manifestations

__ 707.15: Ulcer of Other Part of Foot

AND/OR

__ Accommodative Custom Molded Orthotic

__ Extra Depth Shoes (Sunrise Qi)

__ Rocker Bottom

__ Composite Shank

__ Healing Shoe: H-Fit T-Fit

__ Shoe Modification (Explain Below)

__ TLSO

__ Double Upright AFO: L R B/L

__ Double Upright KAFO: L R B/L

__ BK Prosthesis

__ AK Prosthesis

Rx:

Notes:

Physician's Name (PRINT): _____ Phone# _____

Physician's Signature D.P.M, or M.D: _____ Today's Date: _____

UPIN#: _____