



Fast Accessing Time:

- In-Patient: 24 hours
Out-Patient: 3-Days

For Wound Care Center

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

Place Patient Information Here

Dx:

- 707.06: Pressure Ulcer, Ankle
707.07: Pressure Ulcer, Heel
707.09: Pressure Ulcer, Other Site
707.10: Unspecified Ulcer Of Lower Limb
707.13: Ulcer of Ankle
707.14: Ulcer of Heel and Midfoot
707.15: Ulcer of Other Part of Foot
AND/OR

Rx:

\_\_\_\_\_
\_\_\_\_\_

Gait Restoration for Diabetic Foot Ulcer (DFU) – (sample available for request)

- Charcot Restraint Orthotic Walker – Daytime Ambulation
Charcot Restraint Orthotic Walker – Household Nighttime Ambulation Orthosis
Transmetatarsal Amputation Healing Orthosis

Clinical Indications:

- Relief Wound Of The Forefoot, Midfoot, Heel, Ankle, or Leg
Post TAL Procedure With Plantar Ulcer
Post Calcaneotomy
Post Charcot & Rocker Foot Support
Immediate Post Symes Amputation

Post Standard Gait Restoration Healing Care

- Follow-Up

Technical Design:

- Custom To Cast 3-Point Pressure Ankle Contracture Management
Foot And Ankle Medial/Lateral Stabilizer Prosthetic Characteristics Offloading Management
Anterior Shell Or Anterior Internal Shell To Eliminate Shear Force During Ambulation
Solid Ankle, Articulate Ankle With Plantar Flexion Stop
Custom to fit Rocker, Midsole, Outsole Integration – 1 To 1.5 Inches At Heel
Accommodated A Wound VAC

Notes:

Emotion Design:

- Custom To Design Image Integration With Orthosis By Graphic Designer (May not cover by your insurance)

Physician's Name (PRINT): \_\_\_\_\_ Phone# \_\_\_\_\_

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

UPIN#: \_\_\_\_\_