

# HILL COUNTRY

Orthotics & Prosthetics

## Hill Country Orthotics and Prosthetics

4242 Medical Dr, Bldg 2, Suite 2100  
San Antonio, TX 78229-5641

Tel: (210) 614-8777  
Fax: (210) 694-4581

### Statement of Certifying Physician


Patient Information		
Patient Name (Last, First, MI)	Garza Anna	Patient ID
Device Type	Diabetic shoes	Patient DOB
HIC Number		Diagnosis Code(s)
		Visit Date

The physician listed below certifies that all of the following statements are true:  
(Physician must be an MD or DO)

1. This patient has diabetes mellitus.
2. This patient has the following conditions (please check all that apply):
  - History of partial or complete amputation of the foot
  - History of previous foot ulceration
  - History of pre-ulcerative callus
  - Peripheral neuropathy with evidence of callus formation
  - Foot deformity
  - Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.
5. I have seen this patient for diabetes management within the last 6 months. I understand that the shoes must be delivered within 3 months of the signature date on this form AND within 6 months of the last in-person physician visit.

Physician Name	Physician NPI
Physician Address	

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient, and are deemed medically necessary.

  
 \_\_\_\_\_  
 Signature  
 Dr. Javier A Saenz MD  
 \_\_\_\_\_  
 Print Name

6/27/23  
 \_\_\_\_\_  
 Date