

Medicare Requires Hand Written Signature and Date

Physician Signature: _____ Date: 06-28-23

Physician Name: Krupp Koch NPI: 1174985352

The above patient has been under my care and is in need of the prescribed orthotic/prosthetic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

*To prescribe any additional items not listed above, please fully describe items below:
 Include quantity, left, right, bilateral...

Other services include but are not limited to upper and lower extremity prosthetics, custom / off the shelf upper and lower extremity orthosis, custom and prefabricated lumbar orthosis.

- Diabetic Shoes A5500 Bilateral with L5000 Toe Filler Bilateral
- Diabetic Shoes A5500 Bilateral with (3) K0903 Diabetic Inserts _____ RT _____ LT (please select) and (1) L5000 Toe Filler _____ RT _____ LT (please select)
- Diabetic Shoes A5500 Bilateral with (3) pairs Diabetic Inserts, custom K0903
- Diabetic Shoes A5500 Bilateral with (3) pairs Diabetic Inserts, heat molded A5512

Items Needed:

Length of Need: 12 (# of months/lifetime) Start Date: 06-28-23

ICD-10 Diagnosis: E11.9

Patient Name: Nelda Heath Date of Birth: 03-05-38

Please fax to: 210-694-4581

CORPUS CHRISTI
 226 South Enterprise, Suite 110
 Corpus Christi, TX 78405
 Office: 361-445-3588
 Fax: 361-882-1049

HARLINGEN
 1821 Hale Ave Sta #17
 Harlingen, Texas 78550
 Office: 956-429-3049
 Fax: 956-429-3106

EL PASO
 2260 Trewood Dr
 El Paso, Texas 79938
 Office: 915-619-3707
 Fax: 915-619-3708

AUSTIN
 12865 Research Blvd, Suite 105
 Austin, Texas 78758
 Office: 512-490-1255
 Fax: 512-490-1297

MCALLEN
 1313 E. Jasmine Ave, Suite B
 McAllen, TX 78501
 Office: 956-217-5016
 Fax: 956-683-1881



MEDICAL CENTER
 5282 Medical Dr, Suite 105
 San Antonio, Texas 78229
 Office: 210-614-8777
 Fax: 210-614-8795