

## CERTIFICATE OF DIABETIC SHOE EVALUATION

Patient's Name: \_\_\_\_\_

SSN# \_\_\_\_\_

Diabetic Shoes last dispensed: \_\_\_\_\_

I, Dr. \_\_\_\_\_, have evaluated this patient's diabetic shoes and the patient does / does not require a new pair at this time.

Physician Signature:

Physician Name:

NPI: