

Sole Foot & Ankle Specialists

68 N High Street, Suite 150

New Albany, Ohio 43054

P: 614-741-4001, F: 614-656-7065

Date:

Patients Name: DOB:

Patients Address:

I certify that I have received the items marked below. The doctor has dispensed them to me and has review instructions for proper use and care. The doctor has instructed me to call the office if I encounter any difficulties with the device(s).

- | | |
|---|--|
| <input type="checkbox"/> Diabetic Shoes (Xtra Depth/Xtra Width) A5500 | <input type="checkbox"/> Plantar Fascia Sling L1902/L1906 |
| <input type="checkbox"/> Diabetic Inserts <input type="checkbox"/> pairs A5512 | <input type="checkbox"/> Lace Up Gauntlet Brace L1906 |
| <input type="checkbox"/> Diabetic Custom Inserts <input type="checkbox"/> Pairs A5513 | <input type="checkbox"/> Night Splint L4396/L4397 |
| <input type="checkbox"/> Orthopedic Shoes L3216 or L3221 | <input type="checkbox"/> Pneumatic Cam Walker L4360/L4361 |
| <input type="checkbox"/> Custom Molded Orthotics L3000 | <input type="checkbox"/> Trail Blazer Richie Brace L1971 |
| <input type="checkbox"/> Custom Richie Brace L1970 | <input type="checkbox"/> Custom Leather Gauntlet Brace L1940 |
| <input type="checkbox"/> Custom Patellar Tendon Bearing Brace L1960 | <input type="checkbox"/> Other <input type="text"/> |

This equipment is medically necessary and not substandard. This device was sized and fitted and the device fits well. I have received verbal and written instructions for use of the equipment, the warranty, complaint resolution information and DME supplier guidelines. Please understand that once an item is dispensed, that item is no longer able to be returned for a refund. Diabetic and orthopedic shoes are the only exception. A restocking fee for your first diabetic/orthopedic shoe size exchanges is complimentary. Any subsequent exchanges will be subject to a \$15 restocking fee.

Patient/Guardian Signature

Date

Doctors Signature

Date

Witness Signature

Date