

# We offer your patients free detailed comprehensive Diabetes Education!



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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Male       Female      D.O.B: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

NPI #: \_\_\_\_\_

Signature: \_\_\_\_\_

## Diabetes & Wellness Training

**For better health, encourage walking with proper fitting diabetic shoes!**

### Diabetic Shoes

- This patient needs special extra depth shoes and inserts due to the following condition(s):
- Previous amputation
- Toes \_\_\_\_\_ (INDICATE ICD-10)
- Foot \_\_\_\_\_ (INDICATE ICD-10)
- Previous Ulcer (INDICATE ICD-10) \_\_\_\_\_
- Pre- Ulcer Callus (E116.22)
- Peripheral Neuropathy – Non Insulin (E114.0)
- Peripheral Neuropathy – Insulin (250.61)
- P.V.D. (Poor Circulation) (I73.9)
- H.A.V. (M20.10)
- Custom Orthotics

Extra Depth Shoes:     1 pair

Diabetic Inserts:     1 pair     2 pair     3 pair

Podiatrist Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_