WellMed Fax Srv 01B 6/22/2023 5:03:27 PM PAGE 3/003 Fax Server

Patient: GRADO DE SERRANO, Maria DOB: Dec 23, 1948

HILL COUNTRY Prescription for Diabetic Shoes & Inserts	
Orthotics & Prosthetics Fax Orders to: (210) 6	94-4581
Patient Name: Maria Grado De Setrano	Date: <u>4-22-23</u>
ICD 10: Ell. leg Diagnosis: Type & DM w Other	Complision: 12-23-48
Length of Need (Number of Months or Lifetime):	tart Date: 6-22-33
Items Needed:	
Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, heat molded A5	
<ul><li>Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, custom A5513/A</li><li>Diabetic Shoes A5500 with:</li></ul>	43314
D 3 Diabetic Inserts, custom A5513/A5514 (select side)	
O Right O Left	
☐ 1 Toe Filler L5500 (select side)	
O Right	
O Left O Diabetic Shoes A5500 with L5500 Toe Filler Bilateral	
O Additional Items* (To prescribe any additional items not listed above, please fully describe ite *Other services include but are not limited to upper and lower extremity prosthetics, custom/off-the-si custom and prefabricated lumbar orthotics.	
Latter of Madical Nacossity	
Letter of Medical Necessity:  The above patient has been under my care and is in need of the pres	cribed orthopedic product. This
product was prescribed to aid and/or accelerate the rehabilitation pro- necessary.	
	SDR 284986
Physician Name: KUMNUN (Please Print) NPI#: NPI#:	508 28 4986 U-22-23
Physician Signature: (Medicare Requires Hand Signature and	
(Medibare Reduites Hand Signature and	Dutcj

Central Intake Phone: (210) 614-8777

Document: Faxed Hill Country DM shoe...