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Podiatric Medicine and Foot Surgery

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Patient Name: _____

Statement of Certifying Physician

"I certify that all of the following statements are true":

- This patient has diabetes mellitus.
- This patient had one or more of the following conditions:

    a.) History of partial or complete amputation of the foot.
    b.) History of previous foot ulceration(s).
    c.) History of pre-ulcerative callus information.
    d.) Peripheral neuropathy with evidence callus formation.
    e.) Foot deformity.
    f.) Foot circulation.

- I am treating this patient under a comprehensive plan of care for his/her diabetes.
- This patient needs special shoe and inserts because of his/her diabetes.

_____ ____/____/_____
(Physician's Signature) Date

_____
(Print Physician's Name)

Referred By: _____