Patient: FERNANDEZ, Hector DOB: Aug 14, 1963

San Antonio - South Side
6631 South Zarzamora
San Antonio, Texas 78211
Office: 210-614-8777
Fax: 210-694-4581

San Antonio - Medical Center
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El Paso, Texas 79936
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111 W. Anderson Lane, Ste. A-102
Austin, Texas 78750
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McALLEN
600 N. McColl, Suite 602
McAllen, TX 78501
Office: 956-217-5015
Fax:956-583-1881

Please fax to: 210-694-4581

Patient Name: Hector Fernandez **Date of Birth:** 8/14/63

ICD-10 Diagnosis: E11.42 ; L84 ; ; ; ; ;

Length of Need: Life long (# of months/ lifetime) **Start Date:** 99

Items Needed:

✓ Diabetic Shoes A5500 Bilateral with (3) pairs Diabetic Inserts, heat molded A5512

___ Diabetic Shoes A5500 Bilateral with (3) pairs Diabetic Inserts, custom A5513/A5514

___ Diabetic Shoes A5500 Bilateral with (3) A5513/A5514 Diabetic Inserts ___ RT ___ LT *(please select)* and (1) L5000 Toe Filler ___ RT ___ LT *(please select)*

___ Diabetic Shoes A5500 Bilateral with L5000 Toe Filler Bilateral

*Other services include but are not limited to upper and lower extremity prosthetics, custom / off the shelf upper and lower extremity orthosis, custom and prefabricated lumbar orthosis.

To prescribe any additional items not listed above, please fully describe items below: Include quantity, left, right, bilateral...

The above patient has been under my care and is in need of the prescribed orthotic/prosthetic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

Physician Name: Mohammadullah Faiz, M.D **NPI:** 1497027034

Physician Signature: [signature] **Date:** 06/27/2023

Medicare Requires Hand Written Signature and Date