



1932 Boradway
Everett, WA 98201

Phone: (425) 303-0108
FAX: (425) 303-2539
www.Altheas.Net

7501 Custer Road West
Lakewood, WA 98499

Phone: (253) 473-4311
FAX: (253) 473-4408
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Services We Provide:

- Diabetic Footwear
- Orthopedic Footwear
- Custom Foot Orthotics
- Shoe Lifts for leg length issues
- Shoe Repair
- Resole Shoes
- Compression Stockings for legs, arms, hands
- Diabetic Socks
- We accept most Insurances
- Questions? Please call or email info@altheas.net



Getting Diabetic Shoes & Inserts is as easy as One, Two, Three...

PATIENT INSTRUCTIONS:

One

Make an appointment with your Doctor who manages your diabetes and ask for a Diabetic Foot Examination.

Two

Complete the top sections of page 2 with your Name, Date of Birth and phone Number, then give this packet to the doctor during your Diabetic Foot Examination

Three

If you have not heard from us within 1 week of your doctor's appointment, please call us to see if we have the paperwork from your doctor's office and we can schedule an evaluation.

PHYSICIAN INSTRUCTIONS:

One

Complete the Prescription for Diabetic Shoes and Inserts (page 2), along with any special instructions. If the patient is not diabetic, do not use this form.

Two

Confirm the patient has diabetes.

FAX RX, CMN AND SUPPORTING CHART NOTES TO FAX # AT TOP OF PAGE

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Prescription for Diabetic Shoes and/or Orthotic Inserts

Patient Name: _____

Date of Birth: _____ Phone: _____

Diagnosis: _____

Rx: A5500 1-Pair of Diabetic Extra Depth Shoes

 A5513 Up to 3-Pair of Custom Diabetic Multi Density Inserts

Additional Instructions:

THIS PAGE INTENTIONALLY LEFT BLANK

RX Start Date: _____

Length of Need: _____

Prognosis: Good Fair Poor

Physician's Signature: _____ Date: _____

Physician Name Printed: _____

Practice Address _____

Physician Phone: _____ Fax: _____

Physician's NPI: _____

FAX THIS PAGE W/ SUPPORTING CHART NOTES TO # AT TOP OF PAGE