Predetermination- Podortho Nursing Care/Nursing Foot & lower Limb Medical Care
(Approved under Nursing section of benefit plan either in home or clinic settings)

Patients Name: _____ D.O.B. _____

Insurance Company: _____ Policy # _____

General Practitioner: _____ Nurse Practitioner: _____

Prescription for Nursing Foot Care attached □

Medical Necessity:

□ Diabetic Foot Care / screening
□ Ingrown Toenail TX
□ Nail Bracing
□ Onychomycosis Infection
□ General Foot Care
□ Corns / calluses
□ Wound Care
□ Orthotics
□ Orthopedic Shoes

Medical Intervention / Care Plan:

_____

_____

_____

Duration of Treatment:

□ 30 min
□ 45 min
□ Weekly
□ Bi-weekly
□ Monthly (4weeks)
□ Bi-monthly (8 weeks)

□ Undetermined

Erin King
Provider / Registered Practical Nurse- Registered Podortho Nurse
C.O.N Reg #: /OPNA Reg #: OPNA-

_____
(Signature)

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