**FAX COVER**

**TO**: Bluepaw Sports NEW REQUEST ADDITIONAL INFO

**FROM**:

 ***(office name) PLEASE CIRCLE TYPE OF OFFICE: PRMARY CARE OFFICE ENDOCRINOLOGY***

***(contact name) (contact phone #) (contact fax #)***

**RE:** PATIENT NAME: DOB:

ADDRESS:

PHONE:

PRIMARY INS ID#

SECONDARY INS ID#

We are prescribing Diabetic Shoes and Inserts for the above patient.

We have attached required documents below*: (please check)*

* Detailed Written Order
* Statement of Certifying Physician Form signed by MD or DO
* Most recent Diabetes Exam Note

***To request these services for your patient, please fax the above items to Bluepaw Sports at: (561)- 964-1091***



