

Active Medical LLC
120 Prosperous Place, Ste 103
Lexington, Ky 40509

Delivery documentation and Break-in instructions:

Congratulations on receiving your new shoes. According to Medicare standards, they have been selected to provide optimal comfort and protection.

Getting used to your shoes:

People with diminished sensations in their feet may have a mistaken sense of security about how at risk their feet are. An ulcer on the foot can occur in a couple of hours even if the shoes are made by experts. To better avoid irritation, follow the following start time:

FIRST DAY

Use them One Hour

SECOND DAY

Use Two Hours - Check the feet after the first hour.

THIRD DAY

Use them Three Hours

FOURTH DAY

Use Four Hours - Check your feet after two hours.

FIFTH DAY

Use them All Day - Check after lunch.

- IF AT ANY MOMENT YOU SEE RED POINTS OR DARKENING ON YOUR TOES OR OTHER BONEY AREAS: Stop using your shoes for the rest of the day and start the start routine again starting the next day with one hour of use.
- IF A RED OR DARK POINT APPEARS EVERY TIME YOU USE IT - DO NOT USE THE SHOES. Call your DPM for an adjustment appointment.
- BE SURE TO CHECK YOUR FEET EVERY DAY.

Follow-up: You should plan regular consultations with your Podiatrist. Please direct any questions to this office. Medicare questions can be asked directly to your insurer. Remove the insoles from your shoes every four months and replace them with a new pair. In one year, you will receive a reminder to go back to your Podiatrist to assess the status of these shoes. Return Policy Shoes that do not work can be returned up to a week after delivery. The shoes must be in good condition, that is, without scratches, outside dirt or obvious use in the soles and in the original packaging. We urge you to wear these shoes at home the first week. Shoes of inferior quality may also be returned, as all warranties, express and implied, will be honored under applicable state law.

I certify that I have received the items marked below in good condition. The Doctor has explained to me, in detail, the proper use and care of these shoes and the templates and has adjusted them for me. The Physician has asked me to call the office if I have a problem or question. I have been informed of the DMEPOS Medicare Provider Standards. I agree to receive reminders by mail, email or phone to determine if it is appropriate to receive shoes or replacement templates.

Patient Signature: _____ Date _____