

# Statement Verifying Receipt of Diabetic Shoes and Inserts

I, \_\_\_\_\_, by my signature at the bottom of this form  
(patient's name)

do hereby acknowledge that I have received from \_\_\_\_\_  
(doctor's name or group name)

the following items.

\_\_\_\_\_ One pair of depth-inlay shoes

\_\_\_\_\_ One pair of custom-molded shoes with one pair of inserts

\_\_\_\_\_ Three pairs of heat-molded inserts

\_\_\_\_\_ Two pairs of custom-molded inserts

\_\_\_\_\_ Other (Indicate item(s) to be dispensed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_