

FSCAN Diabetic Screening Waiver

Patient name: _____

Home Address: _____

Email address: _____

Home Phone Number: _____

Date of Birth: _____

Date of Study: _____

The FSCAN is a study that determines under real time weight bearing pressures during walking. This screening test will help provide information to San Luis Podiatry Group that will help us determine your potential risk for the development of a foot ulceration.

After your study we will send your completed results and recommendations to you as well as your primary treating physician. It is important for you to know that your study will be conducted by a non-physician technician.

No clinical evaluation or treatment recommendations will be provided during your FSCAN Diabetic Foot Screening.

To make a true determination regarding the potential Medicare coverage for Diabetic Shoes and orthotics a thorough physician directed risk assessment will need to be made. Following the guidelines established by the American Diabetes Association risk assessment with a podiatrist is recommended.

Dr. Byrne will be available upon appointment to review your FSCAN foot risk screening study and make a Pedorthic referral for Medicare approved shoe and orthotics if qualified.

Patient Signature: _____

Date: _____