

**DIABEST, INC.**  
**133 SMITH STREET**  
**PERTH AMBOY, NJ 08861**  
**Tel: 732-293-0002; Fax: 732-293-0003**

## **INSTRUCTION & INFORMATION FOR NEW PEDORTHIC DEVICE(S).**

### **GENERAL INFORMATION**

Pedorthic devices include therapeutic shoes, shoe modification and foot orthoses. Your footwear has been prepared by skilled technicians in accordance with your physician's instructions. A break-in period is necessary.  
(Diabetic patients or patients with neuropathy please see next section.)

Although it will probably take two or three days for you to become used to the way your new pedorthic devices feel, after that time you should be comfortable and have some total relief from your foot problem(s).  
If not, discontinue use and return to this facility for further evaluation. An adjustment may be needed to improve your pediatric device's function. Please call first so that we may be prepared for your visit.

### **SPECIAL INSTRUCTIONS FOR PATIENTS WITH DIABETES AND/OR NEUROPATHY**

#### Wearing Time

Day 1	1 hour
Day 2	2 hour
Day 3	3 hour

Add one hour to your wearing time each day until you have reached a full day.  
At least three or four time per day, remove your pedorthic device to examine your feet and your foot wears.  
Check for anything that looks different or out of the ordinary that may result in cuts, scratches, blisters, etc.  
Look for swelling, redness, or rise, in temperature. If you find out of the ordinary, discontinue use immediately.  
Come in so that we determine the cause and improve the function of your device.  
If you are unable to examine your own feet or footwear get someone else to look at them for you.

### **MAINTENANCE**

You pedorthic device will require periodic maintenance, which may include repairing normal wear-and-tear as well as updating your device to keep current with your requirements.  
Please exchange your inserts at least every four-month. It is important for you to continue to examine your feet and foot wears as long as you own the device(s).  
Please call us and make appointment for regular follow-up visit.

### **DEVICE(S) INFORMATION**

Lace:  Velcro:  Color: \_\_\_\_\_ Current Size: \_\_\_\_\_ Width: \_\_\_\_\_

Company Name: \_\_\_\_\_ Model: \_\_\_\_\_

Special order: \_\_\_\_\_

I have read (or have been read) and understand the above instructions and I have been informed on the proper wear, maintenance, follow-up visits and care for the products received.

\_\_\_\_\_  
**Beneficiary (or Parent/Guardian/Agent) Signature**

\_\_\_\_\_  
**Date**