

# Bluedrop Medical Order Form

Customer Organization: \_\_\_\_\_

Requestor (If Not Prescriber): \_\_\_\_\_

Prescriber: \_\_\_\_\_

Prescriber Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The Bluedrop Medical OneStep Foot Scanner and EveryStep Monitoring Service are intended for patients considered at highest risk of developing a diabetic foot ulcer. Below are the requirements for patients referred to Bluedrop for home foot monitoring.

- Type 1 or Type 2 Diabetes
- Diagnosed Peripheral Neuropathy
- Prior history of DFU
- No current wound or ulcer on foot
- Does not currently have active Charcot arthropathy (collapse) or other prohibitive deformity that would compromise ability to monitor remotely
- Has not experienced major or minor lower limb amputation of more than 3 toes – *the hallux toe must be present on both feet to be eligible*
- Permanent residence (not homeless)
- Capable of using foot scanner at least 3 times / week
- Willing/able to receive phone calls & text messages from Bluedrop on a mobile phone or device

Prescriber Signature: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_

Date of Last DFU: \_\_\_\_\_ Mark Prior DFU or Known Risk Areas Below



**Legend**

- P = Prior Ulcer**
- C = Calous**
- X = Amputation**
- B = Blister**
- D = Deformity**

**Patient Contact Information**

MRN (optional): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Send Secure Email to [orders@bluedropmedical.com](mailto:orders@bluedropmedical.com) or Fax to (469) 331-0533