



Orthotic Information Sheet

The information you provide is for the confidential use of this office and will only be released with your written consent.

Date:

First Name:

Last Name:

Address:

City:

Postal Code:

Telephone:

Cell Phone:

Email Address:

Date of Birth

Shoe Size:

Weight in Lbs

I, the Patient, have been fully informed of the benefits and risk of Orthotics. I consent to being assessed and casted for Orthotics. I also understand that I am responsible to assume the cost of the Orthotics I am purchasing. Payment will be made directly to the clinic and my insurance company will reimburse me for the amount that my individual plan covers me for.

Signature:

Date:

Witness:

CUSTOM MADE ORTHOTICS TAKE BETWEEN 3 – 4 WEEKS TO BE MADE. WE WILL CALL YOU WHEN THEY ARRIVE BACK AT THE CLINIC AND YOU WILL BE REQUIRED TO BOOK AN APPOINTMENT WITH THE DOCTOR TO PICK UP YOUR ORTHOTICS.