



FILL IN, PLACE STICKER OR STAMP

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PATIENT NAME \_\_\_\_\_

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PHN (OPTIONAL) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
HCP: SIGNATURE DD / MM / YY

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\_\_\_\_\_  
HCP: PRINT NAME

**DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)**

- DX:**
- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> ARTHRITIS                                  | <input type="checkbox"/> OSTEO            | <input type="checkbox"/> RHEUMATOID                | <input type="checkbox"/> CAVUS FOOT DEFORMITY  | <input type="checkbox"/> FOREFOOT DEFORMITY |
| <input type="checkbox"/> DIABETIC FOOT DEFORMITY _____              | <input type="checkbox"/> PLANTAR FIBROMA  | <input type="checkbox"/> LATERAL ANKLE INSTABILITY | <input type="checkbox"/> LLD                   | <input type="checkbox"/> METATARSALGIA      |
| <input type="checkbox"/> POSTERIOR TIBIAL TENDON DYSF. (STAGE ____) | <input type="checkbox"/> L _____MM        | <input type="checkbox"/> R _____MM                 | <input type="checkbox"/> ACHILLES TENDINOPATHY | <input type="checkbox"/> BUNION(S)          |
| <input type="checkbox"/> STRESS FRACTURE _____                      | <input type="checkbox"/> HIND FOOT FUSION |  |  | <input type="checkbox"/> HALLUX RIGIDUS     |
|   |   |  |  | <input type="checkbox"/> PLANTAR FASCIITIS  |
|   |   |  |  | <input type="checkbox"/> MORTONS NEUROMA    |

**OTHER:** \_\_\_\_\_

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**RX DEVICES – FOR DAILY USE**

**CUSTOM ORTHOSES**

- ( NEUTRAL CAST METHOD )
- AS REQUIRED**
  - SEMI RIGID / FUNCTIONAL
  - ACCOMMODATIVE / SOFT

**FOOTWEAR / MODS**

- ORTHOPAEDIC FOOTWEAR
- CUSTOM MADE FOOTWEAR

**ADDITIONS**

- ROCKER SOLE
- SOLE STIFFENER
- EXTERNAL LIFT
- L \_\_\_\_\_mm  R \_\_\_\_\_mm
- INTERNAL SPRINGPLATE

**ADDITIONS / REPAIRS**

- TOP COVER** Repair/Replace
- METATARSAL SUPPORT
- FHL ACCOMMODATION
- DANCERS PAD
- HEEL LIFT(S)**
- L \_\_\_\_\_mm  R \_\_\_\_\_mm

**OTC ARCH SUPPORTS**

- AS REQUIRED**
- MODIFIED  UNMODIFIED
- SOLE
- SUPERFEET
- BIOFIT ACCOMMODATIVE
- DJO ARCH RIVAL

**CUSTOM AFOs**

- ( NEUTRAL CAST METHOD )
- RICHE BRACE®**
  - AS REQUIRED**
  - STANDARD - Full Articulation
  - FIXED - Restricted
  - DYNAMIC ASSIST
  - GAUNTLET
  - ARIZONA® STANDARD

**OTC AFOs**

- RICHE BRACE OTC®**
- OTC ANKLE
- OTC TAMARAC

**FOREFOOT**

- DARCO TOE ALIGN. SPLINT
- HALLUX VALGUS SPLINT
- CUSTOM TOE CRADLE
- TOE SPLINT**  1 LOOP  2 LOOP
- DIGIT WRAP
- OTC TOE SEPARATOR
- OTC METATARSAL PADS

**FOOT**

- STRASSBURG SOCK
- P.F. NIGHT SPLINT
- FOOT DROP BRACE
- OTC HEEL CUPS

**REHAB / EXERCISE**

- AFX
- EXERCISE TUBING
- ANKLE WEIGHTS
- PRO-STRETCH
- CRYOCUFF ANKLE
- WOBBLE BOARD

**LEG**

- POST-OP HEALING SANDAL
- WALKER BOOT**
- SHORT (Mid-Calf)
- LONG (Below-Knee)
- NEUROPATHIC LINER
- COMPRESSION STOCKINGS**
- AS REQUIRED**
- OTC**
- 15 – 20 mmHg
- RX**
- 20 – 30 mmHg
- 30 – 40 mmHg
- FREEDOM LEG WALKER

**ANKLE**

- AS REQUIRED**
- ASO / ASO EVO
- ACTIVE ANKLE
- RIGID STIRRUP
- STROMGREN 4-STRAP

**PLEASE CALL TO BOOK AN APPOINTMENT**

Online booking also available for pedorthic appointments. Visit [parispedorthic.com](http://parispedorthic.com)



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