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pedorthic
services
a division of Paris Orthotics Ltd.

FILL IN, PLACE STICKER OR STAMP

PATIENT NAME

HCP: SIGNATURE

MM / DD / YY

PHN (OPTIONAL)

HCP: PRINT NAME

DIAGNOSIS / SYMPTOMS

(PLEASE SPECIFY)

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

OTHER

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)

- RICHIE BRACE®**
 - AS REQUIRED**
 - STANDARD - Full Articulation
 - FIXED - Restricted
 - DYNAMIC ASSIST
 - GAUNTLET
- ARIZONA® STANDARD
- ALLARD DYNAMIC AFO

OTC AFOs

- RICHIE 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

ANKLE

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

LEG

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

REHAB / EXERCISE

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

E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save filled-in-forms, you will need a new version of **ADOBE READER (XI or newer)**. Go to the Adobe website to download the newest version or click on this link: get.adobe.com/reader

PRINTING

Use either the printer icon located above, or file > print from the menu bar.

SAVING

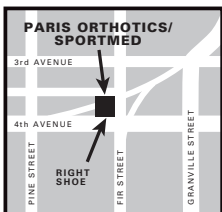
Use either the save icon located above, or file > save from the menu bar. Save the form under a **DIFFERENT NAME** to preserve patient information.

CLEAR FORM

Click the RED **RESET FORM** button

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