

FILL IN, PLACE STICKER OR STAMP

PATIENT NAME _____

DATE _____

FILL IN, PLACE STICKER OR STAMP

HEALTH CARE PROFESSIONAL: SIGNATURE _____

HEALTH CARE PROFESSIONAL: PRINT NAME _____

DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)

- DX: FOOT**
- PLANTAR FASCIITIS
 - ACHILLES TENDINOPATHY
 - METATARSALGIA
 - MORTON'S NEUROMA
 - BUNION(S)
- LEG**
- PATELLOFEMORAL PAIN
 - ILIOTIBIAL BAND SYNDROME
 - TIBIAL STRESS SYNDROME
 - LEG LENGTH DISCREPANCY: L _____mm R _____mm
- CONDITION**
- DIABETES
 - ARTHRITIS

OTHER: _____

CUSTOM RX DEVICES (APPOINTMENT REQUIRED)

- ORTHOSES**
- CUSTOM**
(NEUTRAL CAST METHOD)
 - AS REQUIRED**
 - SEMI RIGID / FUNCTIONAL
 - ACCOMMODATIVE / SOFT
 - MODIFIED O.T.C.**
- FOOTWEAR**
- FOOTWEAR CONSULTATION
 - ORTHOPAEDIC FOOTWEAR
 - CUSTOM MADE FOOTWEAR
- BIOMECHANICS**
- ADVANCED BIOMECHANICAL ASSESSMENT
- SPECIALTY PRODUCTS**
- WALKER BOOT
 - HEALING SANDAL
 - SPRING PLATE
 - HEEL LIFT(S):** L _____mm R _____mm
 - RICHIE BRACE AFO (custom ankle foot orthotic)
 - ALLARD DYNAMIC AFO
 - CUSTOM TOE CRADLE
 - O.T.C. DIABETIC INSOLES

SPECIAL INSTRUCTIONS: _____

NON-CUSTOM DEVICES (NO APPOINTMENT NECESSARY)

- O.T.C. ARCH SUPPORTS
- O.T.C. METATARSAL SUPPORT
- O.T.C. HEEL PADS/CUPS
- OTHER _____

PARIS PEDORTHIC SERVICE ARE AVAILABLE AT:



VANCOUVER – W4th
1615 West 4th Avenue
P 604.736.6537
F 604.736.6599



PORT COQUITLAM
3200 Westwood Street
P 604.942.4938
F 604.942.5318



LANGLEY – WG
20349 88th Ave
P 604.882.6510
F 604.882.6509

PEDORTHIC SERVICES SATELLITE CLINICS

BY APPOINTMENT ONLY – 604.568.0875
Call to Book an Appointment & For Directions

DOWNTOWN VANCOUVER • OAKRIDGE
KITSILANO • NORTH VANCOUVER • SURREY

**COMING SOON – VANCOUVER 2015
NEW PARIS & SPORTMED LOCATION**



PLEASE CALL TO BOOK AN APPOINTMENT

Online booking also available for pedorthic appointments. Visit parispedorthic.com

FILL IN, PLACE STICKER OR STAMP

PATIENT NAME _____

DATE _____

FILL IN, PLACE STICKER OR STAMP

HEALTH CARE PROFESSIONAL: SIGNATURE _____

HEALTH CARE PROFESSIONAL: PRINT NAME _____

DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)

LOCATIONS

VANCOUVER *
1615 4th Ave W • 604.736.6537

BURNABY
3713 Kensington Ave • 604.570.0855

PORT COQUITLAM *
3200 Westwood St • 604.942.4938

LANGLEY *
20349 88th Ave • 604.882.6510
* maps on reverse side *

BRACES & SUPPORTS

- | | | | |
|--|--|--|--|
| <p>Ankle</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> AS REQUIRED <input type="checkbox"/> Aircraft <input type="checkbox"/> ASO <input type="checkbox"/> Active Ankle <input type="checkbox"/> Stromgren <p>Knee Patellofemoral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patellar Strap <input type="checkbox"/> Basic Sleeve <input type="checkbox"/> Patellar Stabilizer <input type="checkbox"/> Lateral Patellar Pull <p>Knee Ligament (OTC)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hinged Sleeve <input type="checkbox"/> ROM Knee Splint | <p>Leg</p> <ul style="list-style-type: none"> <input type="checkbox"/> Long Walker Boot <input type="checkbox"/> Short Walker Boot <input type="checkbox"/> Shin Splint Wrap <input type="checkbox"/> Achilles Tendon Strap <input type="checkbox"/> IT Band Strap <input type="checkbox"/> _____ <p>Foot</p> <ul style="list-style-type: none"> <input type="checkbox"/> OTC Arch Supports <input type="checkbox"/> OTC Compression Stockings <input type="checkbox"/> PF Night Splint <input type="checkbox"/> Hallux Valgus Splint <input type="checkbox"/> Heel Pad / Cup <input type="checkbox"/> _____ | <p>Back / Pelvis</p> <ul style="list-style-type: none"> <input type="checkbox"/> SI Belt <input type="checkbox"/> Lumbar Support <input type="checkbox"/> _____ <p>Thigh / Groin</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compression Shorts <input type="checkbox"/> Thigh Sleeve <input type="checkbox"/> Hernia Belt <input type="checkbox"/> _____ <p>Shoulder</p> <ul style="list-style-type: none"> <input type="checkbox"/> AC Protector * <input type="checkbox"/> Clavicle Strap <input type="checkbox"/> Arm Sling * <input type="checkbox"/> _____ | <p>Elbow</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tennis Elbow Strap <input type="checkbox"/> Elbow Sleeve <input type="checkbox"/> Hyperextension Hinged Brace <input type="checkbox"/> _____ <p>Wrist / Thumb</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wrist <input type="checkbox"/> Functional (Flexible) <input type="checkbox"/> Splint (Rigid) <input type="checkbox"/> Thumb Spica <input type="checkbox"/> Wrist & Thumb <input type="checkbox"/> _____ |
|--|--|--|--|

* Not available at our W4th location. Please visit Oak St.

SEE REVERSE SIDE FOR LOCATIONS & APPOINTMENT BOOKING INFORMATION

BY APPOINTMENT ONLY

- | | | | |
|--|--|---|--|
| <p>Knee - Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ligament <ul style="list-style-type: none"> <input type="radio"/> ACL <input type="radio"/> PCL <input type="radio"/> MCL <input type="radio"/> LCL <input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <input type="radio"/> Medial <input type="radio"/> Lateral <input type="checkbox"/> _____ | <p>Knee - Non-Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> Trial Program <input type="checkbox"/> _____ | <p>Knee - Non-Custom</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ligament <ul style="list-style-type: none"> <input type="radio"/> ACL <input type="radio"/> PCL <input type="radio"/> MCL <input type="radio"/> LCL <input type="checkbox"/> _____ | <p>Shoulder</p> <ul style="list-style-type: none"> <input type="checkbox"/> GH Stabilizer * <p>Elbow</p> <ul style="list-style-type: none"> <input type="checkbox"/> ROM Elbow Brace |
|--|--|---|--|

REHABILITATION AND EXERCISE PRODUCTS

Full spectrum of Rehab & Exercise products available at all locations.