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a division of Paris Orthotics Ltd.

**PATIENT**

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

Date: \_\_\_\_\_ mm/dd/yy DATES MUST BE SEPARATED BY A DASH

**HEALTH CARE PROFESSIONAL**

Print Name: \_\_\_\_\_

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

**DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)**

**OTC BRACES, SUPPORTS & REHAB**

- |   |  |  |   |   |
|---|--|--|---|---|
| <p><b>Ankle</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AS REQUIRED</li> <li><input type="checkbox"/> Splint</li> <li><input type="checkbox"/> Functional (<i>semi-rigid</i>)</li> <li><input type="checkbox"/> Sleeve (<i>soft</i>)</li> <li><input type="checkbox"/> _____</li> </ul> <p><b>Foot</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OTC Arch Supports</li> <li><input type="checkbox"/> OTC Compression Stockings</li> <li><input type="checkbox"/> PF Night Splint</li> <li><input type="checkbox"/> Hallux Valgus Splint</li> <li><input type="checkbox"/> Heel Pad / Cup</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Knee Patellofemoral</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AS REQUIRED</li> <li><input type="checkbox"/> Patellar Strap</li> <li><input type="checkbox"/> Basic Sleeve</li> <li><input type="checkbox"/> Patellar Stabilizer</li> <li><input type="checkbox"/> Lateral Patellar Pull</li> </ul> <p><b>Knee Ligament (OTC)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hinged Sleeve</li> <li><input type="checkbox"/> ROM Knee Splint</li> </ul> <p><b>Thigh / Groin</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compression Shorts</li> <li><input type="checkbox"/> Thigh Sleeve</li> <li><input type="checkbox"/> Hernia Belt</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Leg</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tall Walker Boot</li> <li><input type="checkbox"/> Short Walker Boot</li> <li><input type="checkbox"/> Calf Sleeve</li> <li><input type="checkbox"/> Achilles Tendon Strap</li> <li><input type="checkbox"/> IT Band Strap</li> <li><input type="checkbox"/> _____</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tennis Elbow Strap</li> <li><input type="checkbox"/> Elbow Sleeve</li> <li><input type="checkbox"/> Hyperextension Hinged Brace</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Wrist / Thumb</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wrist <ul style="list-style-type: none"> <li><input type="radio"/> Functional (<i>Flexible</i>)</li> <li><input type="radio"/> Splint (<i>Rigid</i>)</li> </ul> </li> <li><input type="checkbox"/> Thumb Spica</li> <li><input type="checkbox"/> Wrist &amp; Thumb</li> <li><input type="checkbox"/> _____</li> </ul> <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AC Protector</li> <li><input type="checkbox"/> Clavicle Strap</li> <li><input type="checkbox"/> Arm Sling</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Back / Pelvis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SI Belt</li> <li><input type="checkbox"/> Lumbar Support</li> <li><input type="checkbox"/> _____</li> </ul> <p><b>Integrative Rehab Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foam Roller</li> <li><input type="checkbox"/> Travel Roller</li> <li><input type="checkbox"/> Balance Device</li> <li><input type="checkbox"/> Exercise Tubing</li> <li><input type="checkbox"/> Hot/Cold Therapy</li> <li><input type="checkbox"/> Exercise Ball</li> <li><input type="checkbox"/> TRS Activ8r</li> <li><input type="checkbox"/> _____</li> </ul> |
|---|--|--|---|---|

**BY APPOINTMENT ONLY - (Call Location To Book)**

- |   |   |   |  |   |
|---|---|---|--|---|
| <p><b>Knee - Custom</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ligament <ul style="list-style-type: none"> <li><input type="radio"/> ACL    <input type="radio"/> PCL</li> <li><input type="radio"/> MCL    <input type="radio"/> LCL</li> </ul> </li> <li><input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <li><input type="radio"/> Medial    <input type="radio"/> Lateral</li> </ul> </li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Knee - Non-Custom</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Osteoarthritis <ul style="list-style-type: none"> <li><input type="radio"/> Medial    <input type="radio"/> Lateral</li> <li><input type="radio"/> Trial Program</li> </ul> </li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Knee - Non-Custom</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ligament <ul style="list-style-type: none"> <li><input type="radio"/> ACL    <input type="radio"/> PCL</li> <li><input type="radio"/> MCL    <input type="radio"/> LCL</li> </ul> </li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GH Stabilizer</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ROM Elbow Brace</li> </ul> | <p><b>Rx Compression Therapy</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Compression Level <ul style="list-style-type: none"> <li><input type="checkbox"/> 20-30mmHg    <input type="checkbox"/> 30-40mmHg</li> <li><input type="checkbox"/> 40-50mmHg    <input type="checkbox"/> 50-60mmHg</li> </ul> </li> <li><input checked="" type="checkbox"/> Length <ul style="list-style-type: none"> <li><input type="checkbox"/> Calf    <input type="checkbox"/> Thigh    <input type="checkbox"/> Pantyhose</li> </ul> </li> </ul> |
|---|---|---|--|---|

**E-FORM INSTRUCTIONS**

**SOFTWARE REQUIREMENTS**

In order to save filled-in-forms, you will need a new version of **ADOBE READER (X1 or newer)**. Go to the Adobe website to download the newest version or click on this link: [get.adobe.com/reader](http://get.adobe.com/reader)

**PRINTING**

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

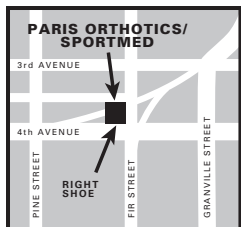
**SAVING**

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**

The **RESET FORM** button is located in the top right hand corner of this form.

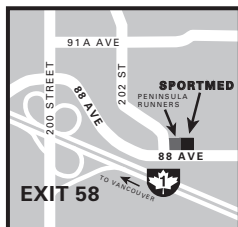
**LOCATIONS**



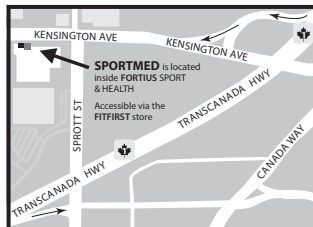
**VANCOUVER - W4th**  
1615 West 4th Avenue  
**P 604.736.6537**  
F 604.736.6599



**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



**BURNABY**  
3713 Kensington Ave  
**P 604.570.0855**  
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