SoundOrthotics
Designed for you.

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℞

Patient's Name: _____ Date: _____
Patient D.O.B.: _____ ☐ self pay
Patient Contact Info: _____ ☐ OHIP# _____
_____ ☐ WSIB# _____

Treatment: Qty: _____

- ☐ Custom foot orthoses
- ☐ Prefabricated foot orthoses
- ☐ AirCast
- ☐ Stock orthopaedic shoes
- ☐ Custom orthopaedic shoes
- ☐ Ankle Foot Orthosis (stock AFO)

☐ Brace (stock): ☐ ankle ☐ knee ☐ other: _____

☐ Compression stockings ☐ 8-15mmHg ☐ 15-20mmHg ☐ 20-30mmHg ☐ 30-40mmHg

☐ Shoe Modification

Upper

☐ Baloon Patch ☐ **Stretching** ☐ Velcro Closure

Permanent

☐ Buttress ☐ Charcot Mod ☐ Excavations ☐ **Flare**
☐ Resole ☐ **Rocker sole** ☐ SACH Heel ☐ Shoe Extension
☐ Shuffle Plate/Toe Slider ☐ Split Sole ☐ Thomas Heel ☐ Wedge (external)

Alterations

☐ Doughnut ☐ Heel Grip ☐ **Heel Lift** ☐ Met Pad
☐ Scaphoid Pad ☐ Tongue Pad ☐ Wedge (internal) ☐ Sole Plate

Other: *(please specify)* _____

Diagnosis:

- ☐ Accessory Navicular
- ☐ Achilles Tendinopathy
- ☐ Amputation
- ☐ Ankle/Subtalar Arthrodesis
- ☐ Charcot Foot
- ☐ Charcot-Marie-Tooth Disease
- ☐ Cuboid Syndrome
- ☐ **Diabetes** ☐ Diabetic Foot Ulcers
- ☐ Hallux Limitus/Rigidus
- ☐ Hallux Valgus (Bunion)
- ☐ Hammer Toe, Claw Toe, Mallet Toe
- ☐ Leg Length Discrepancy
- ☐ Medial Tibial Stress Syndrome (MTSS)
- ☐ Morton's (Foot) Syndrome
- ☐ Morton's Neuroma
- ☐ MTP Joint ☐ Capsulitis ☐ Synovitis
- ☐ **Osteoarthritis**
- ☐ Peripheral Neuropathy
- ☐ **Pes Cavus**
- ☐ **Pes Planus**
- ☐ **Plantar Fasciitis**
- ☐ Post Tibial Tendon Dysfunction
- ☐ **Pronation** ☐ Supination
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Sesamoiditis
- ☐ Sever's Syndrome
- ☐ Shin Splints
- ☐ **STJ Compensation**
- ☐ Other: *(please specify)* _____

Doctor's Name: _____ College #: _____
Doctor's Phone Number: _____ OHIP #: _____
Doctor's Signature:
_____ Date: _____