



# HOMEWOOD SHOE HOSPITAL

CUSTOM ORTHOTICS & SHOE MODIFICATIONS

**VICTOR COSTA**  
Certified Pedorthist



(205) 879-2329



[www.homewoodshoehospital.net](http://www.homewoodshoehospital.net)



2900 CENTRAL AVENUE  
HOMEWOOD, AL. 35209



## DX:

- |   |  |
|---|--|
| <input type="checkbox"/> Acute Plantar Fasciitis - (M72.2)            | <input type="checkbox"/> Neuropathy - (G62.89)       |
| <input type="checkbox"/> Calcanea Spurs - (M77.30)                    | <input type="checkbox"/> Bunions - (M20.10)          |
| <input type="checkbox"/> Calcanea Bursitis - (M77.9)                  | <input type="checkbox"/> Hallux Valgus - (M20.10)    |
| <input type="checkbox"/> Neuroma - (M77.40)                           | <input type="checkbox"/> Pes Deformities - (M21.6X9) |
| <input type="checkbox"/> Metatarsalgia - (M77.40)                     | <input type="checkbox"/> Sesamoiditis - (M21.6X9)    |
| <input type="checkbox"/> Tarsal Tunnel Syndrome - (G57.50)            | <input type="checkbox"/> Tendonitis - (M77.50)       |
| <input type="checkbox"/> Posterior Tibialis Insufficiency - (M76.829) |  |

## Leg Length Discrepancy

- Right Side - (M21.761)  
 Left Side - (M21.372)

## Fracture

- Lower Extremity - (S82.9)

## RX:

Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Today's Date \_\_\_\_\_  
Physician's Name (Print) \_\_\_\_\_  
Physician's Signature \_\_\_\_\_