

# Prescription RX Form

# HOW IS YOUR FOOT HEALTH?

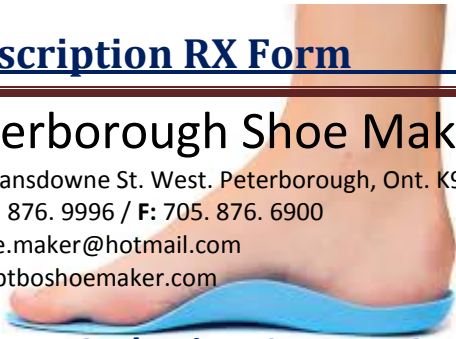
## Peterborough Shoe Maker & Foot Orthotic Centre

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### Custom Orthotics, Custom Orthopedic Shoes, Modification, Repair - EST 2009

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Date: \_\_\_\_\_

#### Diagnoses

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Chronic Pes Cavus     | <input type="checkbox"/> Pes Planus           |
| <input type="checkbox"/> Ligament Spring / Tear | <input type="checkbox"/> Edema / Lymphedema    | <input type="checkbox"/> Callusing / Corns    |
| <input type="checkbox"/> Morton's Neuroma       | <input type="checkbox"/> Plantar Fasciitis     | <input type="checkbox"/> Osteoarthritis       |
| <input type="checkbox"/> Patellafemoral Pain    | <input type="checkbox"/> Varicose Veins        | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Tendonitis / osis      | <input type="checkbox"/> Leg Length Difference | <input type="checkbox"/> Hyper-Overpronation  |
| <input type="checkbox"/> Surgical Fusion        | <input type="checkbox"/> Bunions/Hallux Valgus | <input type="checkbox"/> Other _____          |
|   | <input type="checkbox"/> Metatarsalgia         |   |

#### Treatment

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Custom Orthotics     | <input type="checkbox"/> Orthopedic Footwear    | <input type="checkbox"/> Foot Nurse Referral |
| <input type="checkbox"/> Custom Footwear      | <input type="checkbox"/> Ankle & Foot Brace     | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Footwear Mod.        | <input type="checkbox"/> Diabetic Socks         | _____  |
| <input type="checkbox"/> Compression Stocking | <input type="checkbox"/> Knee Brace             | _____  |
| <b>15-20mmHg :</b> varicose, tired legs       | <input type="checkbox"/> Assess & Treat         | _____  |
| <b>20-30 mmHg:</b> varicose, ulcers, edema    | <input type="checkbox"/> Custom Shoe Lift (LLD) | <input type="checkbox"/> Refills# _____      |
| <b>30-40 mmHg:</b> varicose, severe ulcers    | _____ cm. / Inch                                |  |
| <b>40 + mmHg:</b> varicose, chronic ulcers    |   |  |

#### Additional Notes:

M.D. Name \_\_\_\_\_

M.D. Signature \_\_\_\_\_

Office Stamp



#### Approved By Most Insurance & Health Benefit Plans

ODSP, WSIB, Greenshield, Ontario Works, First Nations, Sun Life, Manulife, IA, City Employees, Blue Cross, General Motors, Teachers, Great West & More. Please check your plans for coverage details.