ProStride Orthotics LLC **Providing Individualized Treatment Solutions** ***Pedorthic Prescription***	**Arti Mehta, C.Ped, CFo** *Gayton Crossing Office Park* 9609 Gayton Road, Suite 102 Richmond, VA 23238 **Appointment:** (804) 310-3894 **Fax:** (804) 273-1609 Arti@prostrideorthotics.com www.prostrideorthotics.com

Patient Name: ______________________________ Birth Date: _____________
Patient Address: ____
Patient Phone Number: ____
City: ___________________________ State: _________ Zip: ______________

Treatment Options:

Custom Made Foot Orthotics	OTC Foot Orthotics
Custom Made Footwear	Orthopaedic Footwear
OTC Bracing ____________	Footwear Modification __________
Compression Therapy	Further Instructions
15-20mmHg	______________________________
20-30mmHg	______________________________
30-40mmHg	______________________________

Diagnosis:

Pes Planus	Bunions/Hallux Valgus
Pes Cavus	Diabetes
Plantar Fasciitis	Posterior Tibial Tendon Dysfunction
Morton's Syndrome	Post Polio Syndrome
Morton's Neuroma	Charcot Marie Tooth (CMT)
Edema	Patellofemoral Pain Syndrome
Rheumatoid Arthritis	Lymphodema
Osteoarthritis	Venous Ulceration
Sever's Disease	Charcot Foot
Club Foot	Ligament Strain
Leg Length Discrepancy	Tendinopathy
Foot & Heel Pain	Chronic Venous Insufficiency
Sports Injuries	Varicose Veins
Achilles Tendinitis	Other___________________________
Drop Foot	

Print Name Referring Physician/Professional: ________________________________

Signature of Referring Physician/Professional:________________________________

Physician/Professional Phone: ________________ Date: _______________________