

ProStride Orthotics LLC
Providing Individualized Treatment
Solutions



Pedorthic Prescription

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Patient Name: _____ Birth Date: _____

Patient Address: _____

Patient Phone Number: _____

City: _____ State: _____ Zip: _____

Treatment Options:

- ☐ Custom Made Foot Orthotics
- ☐ Custom Made Footwear
- ☐ OTC Bracing _____
- ☐ Compression Therapy
 - ☐ 15-20mmHg
 - ☐ 20-30mmHg
 - ☐ 30-40mmHg

- ☐ OTC Foot Orthotics
- ☐ Orthopaedic Footwear
- ☐ Footwear Modification _____
- ☐ Further Instructions

Diagnosis:

- ☐ Pes Planus
- ☐ Pes Cavus
- ☐ Plantar Fasciitis
- ☐ Morton's Syndrome
- ☐ Morton's Neuroma
- ☐ Edema
- ☐ Rheumatoid Arthritis
- ☐ Osteoarthritis
- ☐ Sever's Disease
- ☐ Club Foot
- ☐ Leg Length Discrepancy
- ☐ Foot & Heel Pain
- ☐ Sports Injuries
- ☐ Achilles Tendinitis
- ☐ Drop Foot

- ☐ Bunions/Hallux Valgus
- ☐ Diabetes
- ☐ Posterior Tibial Tendon Dysfunction
- ☐ Post Polio Syndrome
- ☐ Charcot Marie Tooth (CMT)
- ☐ Patellofemoral Pain Syndrome
- ☐ Lymphodema
- ☐ Venous Ulceration
- ☐ Charcot Foot
- ☐ Ligament Strain
- ☐ Tendinopathy
- ☐ Chronic Venous Insufficiency
- ☐ Varicose Veins
- ☐ Other _____

Print Name Referring Physician/Professional: _____

Signature of Referring Physician/Professional: _____

Physician/Professional Phone: _____ Date: _____