



Orthoquest

Pedorthics and Rehabilitation Inc.

Date:

Name:

Phone #:

Diagnosis:

Pedorthic Services

Biomechanical / Gait Assessment
Custom foot orthotics as required
OTC insole
Custom ankle foot orthoses (AFO)
Other

Bracing

Custom
Non-custom
Patellafemoral knee brace
Ligament knee brace
OA knee brace
Ankle brace
Wrist brace
Plantar fasciitis night splint
Other

Footwear

Professional shoe fitting
Custom made footwear
Wound care shoe/sandal
Orthotic-friendly footwear
Other

Footwear Modifications

Rocker sole
Leg length accommodation mm
Carbon Fibre Spring Plate
Other

Authorized
Signature:

Phone:

Fax:



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What to bring to your first appointment:

- Written referral from your health care provider
(medical insurance plans may require a physician's referral)
- Footwear most commonly worn at work, school, home, athletics, leisure
- Shorts
- Method of payment

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