

Date:

Patient Name:

Phone #:

Diagnosis:

Pedorthic Services

Biomechanical/Gait Assessment
Custom Foot Orthotics As Required
Ankle Foot Orthoses (AFO)
 Drop Foot Brace
 Ground Reaction AFO
OTC Footbed (ie. Sole, Superfeet)
Roboboot (Walking Cast)
Plantar Fasciitis Night Splint
Heel Lift

Footwear

Orthopedic Footwear
Custom-Made Footwear

Footwear Modifications

Rocker Sole
External Shoe Lift cm

Additional Notes:

Bracing

Custom	Non-Custom/OTC
Patellafemoral Knee Brace	
Ligament Knee Brace	
OA Knee Brace	
Ankle Brace	
Elbow Brace	
Wrist Brace	
Compression Socks	mmhg
Knee	
Thigh	
Pantyhose	

Kinesiology

Active Rehabilitation
Clinical Pilates
Athletic Taping (Rocktape)
K-Laser Therapy

Authorized Signature:

Physician/Clinician Name:

Phone:

Clinic Stamp:

Fax:



Orthoquest

Pedorthics and Rehabilitation Inc.

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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OPEN SATURDAY'S

