



STEP INTO COMFORT WITH OrthoVision Orthotics

Patient's Name: _____ Date: _____

Diagnosis/Instructions: _____

Physician's Signature: _____

- ☐ Plantar Fasciitis / Heel Spur
- ☐ Hallux Rigidus / Limitus
- ☐ O.A. of Midfoot Joint
- ☐ Morton's Neuroma
- ☐ Over Pronation

- ☐ Hammer / Clawed Toes
- ☐ Bunion / Hallux Valgus
- ☐ Pes Planus / Cavus
- ☐ Hip / Knee / Low Back Pain
- ☐ Over Supination

- ☐ Metatarsalgia
- ☐ Club Foot
- ☐ Arthritic / Diabetic Pain
- ☐ Leg Length Discrepancy

Treatment Plan

- ☐ Custom molded foot Orthotics
- ☐ Custom toe separators
- ☐ Custom made shoes
- ☐ Custom fitted or modified Orthopedic footwear
- ☐ Plantar Fasciitis Splint / Laser Therapy
- ☐ Off the shelf Orthopedic shoes

Medical Compression Prescription

- ☐ Edema
- ☐ Varicose Veins
- ☐ Venous Stasis
- ☐ Economy Class Syndrome (ESC) Long Flight

- ☐ Phlebitis
- ☐ Pregnancy
- ☐ Lymphedema
- ☐ Post Op Use

- ☐ Tired Achy Legs
- ☐ Deep Vein Thrombosis
- ☐ Diabetic Swelling
- ☐ Chronic Peripheral Venous Insufficiency

Treatment Plan



☐ Knee High (AD)



☐ Thigh High (AG)



☐ Pantyhose (AT)



☐ Diabetic Socks

☐ 15-20 mmHg

☐ 20-30 mmHg

☐ 30-40 mmHg

☐ 40-50 mmHg

☐ 50-60 mmHg

Medical Braces Prescription

- ☐ O.A. Knee
- ☐ ACL / MCL Instability
- ☐ Carpal Tunnel Syndrome

- ☐ Patellofemoral Syndrome
- ☐ Weak, O.A. Ankles / Pain
- ☐ Drop Foot

- ☐ Chronic Low Back Pain
- ☐ Tennis / Golf Elbow
- ☐ Diabetic Ulcer

Treatment Plan



☐ Custom Made Knee Brace



☐ Carpal Tunnel Syndrome



☐ Air Stirrup



☐ Thigh Brace



☐ Patellofemoral Syndrome Brace



☐ Sacral Lumbar Support



☐ Drop Foot



☐ Knee Support



☐ Ankle Support



☐ Cervical Neck Support



☐ Tennis / Golf Elbow Pain



☐ Air Cast Boot

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Physicians referral Mandatory. Please call for an appointment