



**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**

 <input type="checkbox"/> Knee High (AD)	 <input type="checkbox"/> Thigh High (AG)	 <input type="checkbox"/> Pantyhose (AT)	 <input type="checkbox"/> Diabetic Socks	
<input type="checkbox"/> 15-20 mmHg	<input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> 40-50 mmHg	<input type="checkbox"/> 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**

 <input type="checkbox"/> Custom Made Knee Brace	 <input type="checkbox"/> Carpal Tunnel Syndrome	 <input type="checkbox"/> Air Stirrup	 <input type="checkbox"/> Thigh Brace
 <input type="checkbox"/> Patellofemoral Syndrome Brace	 <input type="checkbox"/> Sacral Lumbar Support	 <input type="checkbox"/> Drop Foot	 <input type="checkbox"/> Knee Support
 <input type="checkbox"/> Ankle Support	 <input type="checkbox"/> Cervical Neck Support	 <input type="checkbox"/> Tennis / Golf Elbow Pain	 <input type="checkbox"/> Air Cast Boot

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Physicians referral Mandatory. Please call for an appointment