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Patient Name \_\_\_\_\_

Referring Physician \_\_\_\_\_

Referring for treatment of: \_\_\_\_\_

- Heel Pain** .....  Plantar Fasciitis  Infra-Calcaneal Bursitis  
 Posterior Heel Pain  Achilles Pain
- Structural Deformities** .....  Bunions  Hammertoes  Joint Pain
- Trauma** .....  Fractures and Sprains of the Foot
- Orthotics** .....  Foot  Ankle  Knee  
 Hip or Back Pain Related to Foot/Ankle Function
- Dermatology** .....  Warts  Ingrown Nails  Heel Pain
- Pediatric Disorders** .....  Flat Feet  In-Toed Gait  Heel Pain  
 Warts  Ingrown Nails
- Diabetes** .....  Foot Care  Ulcer  Neuropathy  
 Diabetic Shoes
- Other** ..... \_\_\_\_\_  
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