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Patient Name: _____

Patient Phone: _____ Date of Birth: _____

- ☐ 3D Printed Orthotics
- ☐ Heel/Arch Pain
- ☐ Foot/Ankle Injury: Fracture, Sprain, Foreign Body
- ☐ Hammertoes/Bunions/Toe Deformity
- ☐ Nail Problems/Ingrown Nail
- ☐ Neuroma/Forefoot Pain
- ☐ In-toeing/Out-toeing/Flat Feet
- ☐ Class 4 Remy Laser/Shockwave Therapy/Regenerative Injections
- ☐ Skin Problem: _____
- ☐ Other: _____

Physician Signature: _____

Physician Name: _____

Phone: _____ Date: _____

*Please include demographics