

call to book a free consultation

416 609 1100

www.victoriamedicalgroup.ca

Patient Name _____ Date ____/____/____
MM DD YY

R Prescription Form Diagnosis

Patient Contact#: _____

Patient Email: _____

FOOT & ANKLE

- Plantar Fasciitis/osis
- Posterior Tibial Tendon Dysfunction (PTTD)
- Bunions & Toe Deformities
- (e.g. Claw/Hammer/Mallet Toes)
- Morton's Neuroma
- Sever's Disease (Paediatric Heel Injury)
- Tendonitis/osis of _____

- Osteoarthritis of the Ankle/Foot
- Hyperpronation of Feet
- Hyper-supination of Feet
- Pes Cavus
- Pes Planus

DISEASES / CONDITIONS

- Rheumatoid Arthritis
- Osteoarthritis
- Diabetes
- Other _____

LEG

- Spider/Varicose Veins
- Edema/Lymphedema
- Deep Vein Thrombosis (DVT)
- Leg Length Discrepancy
 - R _____ cm/in
 - L _____ cm/in

KNEE

- Patellafemoral Pain Syndrome
- Osgood-Schlatter Disease (Patellar Ligament Injury)
- Osteoarthritis of the Knee
 - Medial
 - Lateral
 - Patellar
- Ligament Sprain
- Knee Ligament Tear
 - ACL PCL
 - MCL LCL

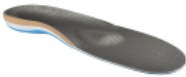
BACK

- Back pain Diagnosis or Complaints
- Arthritis
- Sciatic Pain
- Disc Herniation/Bulge
- Disc Decompression
- Other _____

Treatment

ORTHOTICS & INSOLES

- Custom Made Foot Orthotics _____ Pairs
- Non-Prescription, Off-the-Shelf insoles
- Custom Made Toe Separator



BRACING

- Knee Bracing
 - Custom
 - Off-the-Shelf
- Ankle / Foot Bracing
 - Stabilization
 - Drop Foot
 - Night Splint



FOOTWEAR

- Therapeutic / Orthopaedic
- Diabetic
- Custom Made



COMPRESSION STOCKINGS

- Compression Stockings
 - Knee 15-20mmHg
 - Waist 20-30mmHg
 - Thigh 30-40mmHg
 - Panty
- Compression Stockings
 - Travel
 - Ulcer Care
 - Custom



FURTHER INSTRUCTIONS

SIGNATURE & REFERRING PROFESSIONAL STAMP



REFERRING PROFESSIONAL SIGNATURE _____

PRINT NAME & DESIGNATION _____

Clinic Name & Address _____

Clinic Phone# _____ Clinic Fax# _____