

FOOTWEAR AND ORTHOTICS APPLICATION FORM

CLIENT INFORMATION

Last Name	First Name	Health Card Number		
Address		Date of Birth		
		<small>DD</small>	<small>MM</small>	<small>YYYY</small>
Private Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of 3rd Party Coverage		

SERVICE PROVIDER

Service Provider	Service Provider ID #	Email Address		
Address		Fax Number	Certified Orthopedic Professional	
Certification/ Designation		Certification # (if applicable)		
Certified orthopedic professional's Signature		Client Diagnosis		
Referring physician or nurse practitioner		Rx Date		

NON-CUSTOM (STOCK) ORTHOPEDIC FOOTWEAR

Retail Cost		Client Participation Fee (10% or \$20.00 max)		Health Services Cost	
Make	Model	Size	Style		
Applicable Criteria #'s Met (Refer to Policy)				Warranty Information	
Justification for criteria not met and/or Additional Information					

CUSTOM MADE FOOTWEAR

Applicable Criteria #'s Met (Refer to Policy)	Warranty Information
Justification for criteria not met and/or Additional Information	

CUSTOM FOOT ORTHOTICS

<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	Warranty Information
Applicable Criteria #'s Met (Refer to Policy)	
Justification for criteria not met and/or Additional Information	

CLIENT NAME: _____

HEALTH CARD #: _____

REPAIRS AND ADJUSTMENTS TO SHOES AND FOOT ORTHOTICS						
<input type="checkbox"/> Non-custom footwear <input type="checkbox"/> Custom footwear <input type="checkbox"/> Custom foot orthotics					Warranty Information	
<input type="checkbox"/> Repair <input type="checkbox"/> Adjustment		<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bilateral		
Age of Item:		Make (if applicable)		Model (if applicable)		
Applicable Criteria #'s Met (Refer to Policy)						
Description of Adjustments or Repairs						
Justification for criteria not met and/or Additional Information						
MODIFICATIONS TO SHOES AND FOOT ORTHOTICS						
<input type="checkbox"/> Non-custom footwear <input type="checkbox"/> Custom footwear <input type="checkbox"/> Custom foot orthotics					Warranty Information	
<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Bilateral				
Age of Item:		Make (if applicable)		Model (if applicable)		
Applicable Criteria #'s Met (Refer to Policy)						
Description of Modifications						
Justification for criteria not met and/or Additional Information						

ATTACHMENTS		
<input type="checkbox"/> Physician's prescription	<input type="checkbox"/> Quote on Health Services invoice	<input type="checkbox"/> Statement of Benefits (private insurance only)