

FREE FOOT SCREENING CLINIC

Are you struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

Come for a **FREE**
Foot Screening on
Day, Date • Time

Address • City, State, Zip
go to yourwebsite.com
for details and directions

Call TODAY for an appointment
or for more information

000.000.0000

LOGO

Please share this invitation with anyone who may be interested!
yourwebsite.com

FREE FOOT SCREENING CLINIC

Are you struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

Come for a **FREE**
Foot Screening on
Day, Date • Time

Address • City, State, Zip
go to yourwebsite.com
for details and directions

Call TODAY for an appointment or for more information

000.000.0000

Please share this invitation with anyone who may be interested!

LOGO

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE Foot Screening
Day, Date and Time
Your Address, City, State and Zip
000.000.0000

FREE FOOT SCREENING CLINIC

Are you struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

Come for a **FREE**
Foot Screening on
Day, Date • Time

Address • City, State, Zip

Call TODAY for an appointment
or for more information

000.000.0000

[your website.com](#)

LOGO

FREE FOOT SCREENING CLINIC

Are you struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

Come for a **FREE**
Foot Screening on
Day, Date • Time

Address • City, State, Zip

Call TODAY for an appointment
or for more information

000.000.0000

[your website.com](#)

LOGO



FREE FOOT SCREENING CLINIC

Registration Receipt

Day, Date

Time

BRING THIS TO THE CLINIC AND
GET SPECIAL PRICES ON
QUADRASTEP® foot orthotics
Tell your friends!

000.000.0000
your website.com

LOGO

Address • City, State, Zip



FREE FOOT SCREENING CLINIC

Registration Receipt

Day, Date

Time

BRING THIS TO THE CLINIC AND
GET SPECIAL PRICES ON
QUADRASTEP® foot orthotics
Tell your friends!

000.000.0000
your website.com

LOGO

Address • City, State, Zip



Refer Patients to our **FREE FOOT SCREENING CLINIC** Day, Date • Time

Are your patients struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

Your **Company** is a provider of high quality orthotics delivering prefabricated solutions to patients in all age groups.

The Clinic Includes:

- **FREE** foot exam/gait analysis
- Test fitting with prefab orthotics (QUADRASTEPS)
- Recommendations for future treatment

The clinic will be hosted at

LOGO Your Address • City, State Zip

Patients interested in registering can call

000.000.0000

yourwebsite.com



FREE FOOT SCREENING CLINIC

Day, Date • Time

Are you struggling with:

- Runner's Knee
- Stress Fractures
- Ankle Pain or Instability
- Sever's Disease
- Pain
- Fatigue
- Shin Splints
- Plantar Fasciitis

The Clinic Includes:

- FREE foot exam/gait analysis
- Test fitting with prefab orthotics (QUADRASTEPS)
- Recommendations for future treatment

Call TODAY for an appointment
or for more information

000.000.0000

LOGO

logo

CLINIC REGISTRATION FORM

Patient's Name: _____ Date of Birth: _____

Home Phone: _____ SS#: _____

Parent Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent E-Mail Address: _____

For Future Specials/Refurbishment Reminders*

Person to contact in case of emergency: _____ Phone: _____
(Closest relative not living with you)

Was this due to an accident? Y N Auto _____ Work _____ Other _____

Where were you injured? _____ Date of Injury: _____

Height: _____ Weight: _____ Shoe Size: _____ Shoe Style: _____

Primary Care Physician: _____ Phone: _____

Referring Physician: _____ Phone: _____

Allergies: _____

Current Medications: _____

How did you hear about us?:

Mailer Poster Referred by a friend Referred by a practitioner Website

Email Name of website/Practitioner: _____

Patient or Parent/Guardian Signature: _____ Date: _____
