

SUMMER FOOT SCREENING CLINIC

Are your kids struggling with:

👣 Flat feet

👣 In/Out toeing

👣 Foot Pain

👣 Balance

👣 Poor coordination

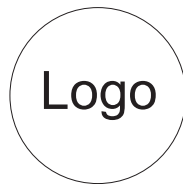
👣 Toe walking

Bring your kids for a FREE foot screening

and fitting with **littleSTEPS**[®] foot orthotics

Day and Date • Time

Call for an appointment or for more information



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Make sure your kids are ready
for summer fun!



**Business Name • Website
Address, City, State, Zip**

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Summer Foot Screening
For Kids!
Day, Date and time
Address, city, state
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Ages 1-17 Welcome!

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Refer Patients to our upcoming Summer Pediatric Foot Clinic

Day and Date • time

CLINIC LOCATION:

Business Name 📍 location address, City, State, Zip

Send kids to our clinic if they are experiencing:

- 👣 Flat feet
- 👣 In/Out toeing
- 👣 Foot Pain
- 👣 Balance
- 👣 Poor coordination
- 👣 Toe walking

The Clinic Includes:

- 👣 FREE Foot Exam/Gait Analysis
- 👣 Possible Test Fitting with Prefab Orthotics
littleSTEPS®
- 👣 Recommendations for Future Treatment

For Kids ages 1-17

Parents interested in bringing their kids can register by calling

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or online at [businessname.com](#)



SUMMER FOOT CLINIC REGISTRATION RECEIPT

Day and Date • Time

Ages 1-17 Welcome



Tell Your Friends!

BRING THIS TO THE
CLINIC AND GET
SPECIAL PRICES ON
littleSTEPS® foot orthotics

Logo

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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: _____

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