

WINTER PEDIATRIC FOOT SCREENING CLINIC

Are your kids struggling with:

👣 Flat feet

👣 In-toeing

👣 Foot Pain

👣 Balance

👣 Poor coordination

👣 Toe walking

Come for a FREE foot screening

and fitting with *littleSTEPS*[®] foot orthotics

date • time

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Call for an appointment or for more information

Make sure your kids are ready
for winter sports and fun!



logo Address, city, state, website and email

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Ages 1-17 welcome

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Address,city, state, website and email



Refer Patients to our upcoming Winter Pediatric Foot Clinic

For Kids ages 1-17
Date and Time

CLINIC LOCATION:

Address, city, state, website and email

Send kids to our clinic if they are experiencing:

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

The Clinic Includes:

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

Parents interested in bringing their kids
can register by calling

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or online at [www.\(yoursite.com/clinic\)](http://www.(yoursite.com/clinic)).



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WINTER PEDIATRIC FOOT SCREENING CLINIC RECEIPT

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Date and Time

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



Tell your friends!

logo

Address,city, state, website and email

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Your Logo Here

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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Website Graphic