

WINTER FOOT SCREENING CLINIC

LOGO

Are you struggling with:

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

Come for a **FREE** foot screening on
Day, Date • Time

000.000.0000

Call for an appointment or for more information

Street • Town, State, Zip



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Winter Foot Screening
for Adults

Your Date and time

Your address

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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

The Clinic Includes:

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

Patients interested in registering can call

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The clinic will be hosted at

LOGO Your Address • City, State Zip



WINTER FOOT SCREENING CLINIC

Registraion Receipt

Day, Date • Time

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

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LOGO

Street • Town, State, Zip



WINTER FOOT SCREENING CLINIC

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Street • Town, State, Zip



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: _____

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Website Graphic