

SPRING FOOT SCREENING CLINIC

Are your kids struggling with:

👣 Flat feet

👣 In/Out toeing

👣 Foot Pain

👣 Balance

👣 Poor coordination

👣 Toe walking

Come 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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LOGO



address, email and website info

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Spring Foot Screening
For Kids!
Date and time
Address, City, State
000.000.0000

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Date and time
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Come for a FREE foot screening and fitting with littleSTEPS® foot orthotics

Date and Time

Ages 1-17 welcome

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logo

Address,city, state, website and email



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logo

Address,city, state, website and email



Refer Patients to our upcoming Spring Pediatric Foot Clinic

For Kids ages 1-17

day and date 🦶 time

CLINIC LOCATION:

name address

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

🦶 Possible 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.yourcompany.com

Logo



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: _____

SPRING FOOT CLINIC REGISTRATION RECEIPT

Date and Time

Tell your friends!

logo

BRING THIS TO THE
CLINIC AND GET
SPECIAL PRICES ON

littleSTEPS® foot orthotics

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Date 🦶 Time

Ages 1-17 welcome

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- 🦶 Flat Feet
- 🦶 Toe Walking
- 🦶 In-Toeing
- 🦶 Balance
- 🦶 Foot Pain
- 🦶 Poor Coordination

THE CLINIC INCLUDES:

- 🦶 FREE FOOT EXAM/GAIT ANALYSIS
- 🦶 TEST FITTING WITH PREFAB ORTHOTICS
(LITTLESTEPS/QUADRATESTES)
- 🦶 RECOMMENDATIONS FOR FUTURE TREATMENT

Call for an appointment
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