

WINTER FAMILY FOOT SCREENING CLINIC

Are you struggling with:

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

Are your kids struggling with:

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

Come for a FREE foot screening

and fitting with **littleSTEPS®** or **QUADRASTEP®** foot orthotics

date • time

logo Address, city, state, website and email

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Call for an appointment
or for more information



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Winter Family Foot Screening
for Adults and Kids
Your Date and time
Your address
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Refer Patients to our upcoming Winter Foot Screening Clinic

For Adults and Kids ages 1-17
date • time

Send adults to our clinic if they are experiencing:

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- 👣 Stress Fractures
- 👣 Ankle Pain or Instability
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- 👣 Plantar Fasciitis
- 👣 Pain
- 👣 Fatigue

Send kids to our clinic if they are experiencing:

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

The Clinic Includes:

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

Adults or parents interested in bringing their kids can register by calling

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or online at www.yoursite.com/clinic

The clinic will be hosted at

Address, city, state, website and email

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: _____

WINTER FAMILY FOOT SCREENING CLINIC REGISTRATION RECEIPT

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CLINIC AND GET
SPECIAL PRICES ON
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Tell your friends!



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Website Graphic