

Prescription / Referral Form



Ashfield Orthotics:
A Foot Health Clinic, Inc.

www.ashfieldorthotics.com

147 B Albert Street North Regina, SK 1-855-FOOT 123
Rodney J Ashfield, Owner & Certified Pedorthist (Canada)

Patient Name: _____

Dx:

- Plantar Fasciitis or Metatarsalgia
- Biomechanical Issues / Functional Pes Planus
- Arthritis / Joint Stabilization
- Diabetes / Offload Pressure / Protect
- Foot Deformity / Accommodation
- Accident / Injury / Surgery: Stabilize
- Limb Length Discrepancy: Measure
- Other

Details

Rx: Please Assess for Custom Orthotics

Footwear Modification _____

Custom Orthopaedic Footwear

Diabetic Sock Mild Compression

Signature & Date: _____

Physician Nurse Practitioner Podiatrist