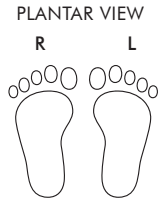


Canadian Board-Certified Pedorthists specializing in custom foot orthotics.  
Kintec also carries a large selection of footwear and sports medicine products.  
Supporting medical practitioners since 1991.

**PLACE STICKER, STAMP, OR FILL IN**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Care Professional: \_\_\_\_\_ MSP #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Tel #: \_\_\_\_\_

**Dx:** \_\_\_\_\_  
\_\_\_\_\_  
**Rx:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COMMON DIAGNOSES**

- |                                                        |                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Plantar Fasciitis             | <input type="checkbox"/> Ankle Sprain / Fracture                                                        |
| <input type="checkbox"/> Metatarsalgia / Forefoot Pain | <input type="checkbox"/> Knee                                                                           |
| <input type="checkbox"/> Bunions                       | <input type="radio"/> PFS <input type="radio"/> ACL <input type="radio"/> MCL <input type="radio"/> PCL |
| <input type="checkbox"/> Achilles Tendinopathy         | <input type="checkbox"/> Osteoarthritis                                                                 |
| <input type="checkbox"/> Lower Limb Circulatory Issues | <input type="radio"/> Knee: Medial / Lateral (circle one) <input type="radio"/> Hip                     |
| <input type="checkbox"/> Diabetic Complications        | <input type="checkbox"/> Epicondylitis                                                                  |
|                                                        | <input type="checkbox"/> Other: _____                                                                   |

**COMMON TREATMENTS**

- |                                                          |                                                                                |
|----------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Foot Orthotics                  | <input type="checkbox"/> Compression Sock: Grade ____ mmHg                     |
| <input type="radio"/> As Required                        | <input type="checkbox"/> Walker Boot                                           |
| <input type="radio"/> Custom Casted (appt necessary)     | <input type="radio"/> Tall <input type="radio"/> Short                         |
| <input type="radio"/> OTS                                | <input type="checkbox"/> Knee Brace                                            |
| <input type="checkbox"/> Footwear Modifications          | <input type="radio"/> Custom Ligament <input type="radio"/> Patella Stabilizer |
| <input type="radio"/> Lift: L / R (circle) Height: _____ | <input type="radio"/> Custom OA (appt necessary) <input type="radio"/> OTS     |
| <input type="radio"/> Rocker Sole                        | <input type="checkbox"/> Upper Limb Brace                                      |
| <input type="radio"/> Excavation                         | <input type="radio"/> Tennis Elbow Band <input type="radio"/> Wrist Brace      |
| <input type="radio"/> Stretch                            | <input type="radio"/> Thumb Spica                                              |
| <input type="checkbox"/> Custom Footwear                 | <input type="radio"/> Specify _____                                            |
| <input type="checkbox"/> Night Splint                    | <input type="checkbox"/> Back Brace                                            |
| <input type="checkbox"/> Ankle Brace                     | <input type="radio"/> SI Belt <input type="radio"/> Specify _____              |
| <input type="radio"/> OTS                                | <input type="checkbox"/> Post Surgical                                         |
| <input type="radio"/> Custom AFO                         | <input type="radio"/> Cryotherapy <input type="radio"/> Shoulder Sling         |
| <input type="radio"/> Specify _____                      | <input type="radio"/> Post-Op Knee Brace                                       |
|                                                          | <input type="checkbox"/> Other: _____                                          |
- Complimentary Footwear Consultation (no appointment needed)



FOOTWEAR + ORTHOTICS

**Kintec was founded with one goal in mind:**

**To keep people active on  
their feet, for life.**

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**Today we're one of the largest independent  
orthotic and footwear companies in Canada.**

**And our original purpose still inspires  
everything we do.**

**We're passionate about helping you live an  
active and healthy life so that you can do  
more of the things you love.**



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