


# Patient Footwear Referral Sheet



**Please trace patients foot  
& mark length and width  
(distorts in fax transmission)**

 Trace biggest foot  
or send both on 2 pages

Date:

Patients Name:

Contact phone No:

Diagnosis:

Modifications Required:

Current footwear size:

Preference colour:

Lace  Velcro

DVA  Workcover  TAC  Private

Other information:

***This information will assist us in selecting footwear to bring on the next clinic, Thankyou for your assistance***

## **Geelong**

Unit 1-142 Little Ryrie St  
Geelong, 3220

Ph(03) **5224 2216**

Fax (03) 4208 1022

**e - [info-sales@geelongorthotics.com.au](mailto:info-sales@geelongorthotics.com.au)**

## **Ballarat**

Location - Lake Health Group  
1046 Howitt St, Wendouree

## **Warrnambool**

Lyndoch Podiatry Department  
Hopkins St, Warrnambool

**[www.geelongorthotics.com.au](http://www.geelongorthotics.com.au)**