

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

70 Bellerine St, Geelong, 3220

Ph (03) 5224 2216

Fax (03) 5223 3229

e - xdf@geelongorthotics.com.au

Ballarat

Location - Lake Health Group

1046 Howitt St, Wendouree

Warrnambool

Lyndoch Podiatry Department

Hopkins St, Warrnambool

www.geelongorthotics.com.au