

PARIS ORTHOTICS
SPORTMED BRACES
WELLNESS TOOLS
Patient Information

NAME: _____

BIRTH DATE: _____

PHN: _____

PHONE: _____

EMAIL: _____

Clinician Information

NAME: _____

CLINIC NAME: _____

PHONE/FAX: _____

EMAIL: _____

CLINICIAN SIGNATURE: _____ Required
DIAGNOSIS + SPECIAL INSTRUCTIONS
Required
INJURY SOLUTIONS
Appointment Required (*)
FOOT

- Custom Foot Orthotics*

- Carbon Fibre Spring Plate
- Metatarsal Pad
- Arch Support
- Heel Lifts (HEIGHT REQUIRED)
 - 6MM
 - 9MM
 - _____ MM
- Heel Cup
- Bunion Aid
- Custom Toe Cradle*

DIABETIC CARE*

FOOTWEAR

FOOT + ANKLE BRACE

- AFO*
 - ARTICULATING
 - RESTRICTED HINGE
 - DYNAMIC ASSIST
 - GAUNTLET
- Night Splint
- Achilles Heel Wedge
- Walker Boot
 - SHORT
 - STANDARD
- Ankle Brace
 - SLEEVE
 - LACE-UP
 - RIGID

 Drop Foot Brace

 WRIST BRACE

 ELBOW BRACE

 THUMB BRACE

KNEE

- OA/Meniscus Unloading*
 - MEDIAL
 - LATERAL
- Ligament* (GRADE REQUIRED)
 - 1 - SPRAIN
 - 2 - PARTIAL TEAR
 - 3 - COMPLETE TEAR
- Sleeve
- Patella Strap
- Patellar Stabilizer
- Hinged Knee Brace

COMPRESSION

- Everyday (15-20MMHg)
- Medical Grade* (20-30MMHg)
 - CALF
 - THIGH

 Other

 SHOULDER BRACE

HIP & BACK

- SI Belt
- Lumbar Support
- Compression Shorts
- Maternity Support
- Hip Unloader*

WELLNESS TOOLS

- Resistance Band
- Release Tools
- Posture Support
- Tape
- Cryotherapy
- Hand Therapy
- Exercise Tools
- Suggested Products:

