

# Shift

ORTHOTICS & FOOTWEAR

## Shift Orthotics & Footwear

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**Patient Name:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Recommendations  
(please circle):**

Custom orthotics

Compression

Footwear

Shoe modification

Other

**Specify As Needed:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_