



# family chiropractic centre

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## Informed Consent To Orthotics and/or Orthopaedic Shoe Care

Orthotics and/or orthopaedic shoes allow lower limbs to function in a more natural and efficient manner. Our orthotics and orthopaedic shoes are custom designed for each individual based upon the degree of biomechanical control required, activity level and/or physical status.

Some patients report a little discomfort when first wearing their orthotics and/or orthopaedic shoes. This discomfort can occur in the feet, legs, knees, hips and/or lower back. Small changes will occur throughout your musculoskeletal structure and it may take time to adjust to these changes. These aches are usually transitory and will disappear in time. However, if at any time you have a question or concern, please contact our office.

I consent to the orthotic and/or orthopaedic shoe care offered or recommended to me and I intend this consent to apply to all my present and future orthotic and/or orthopaedic shoe care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Witness of Signature

Name \_\_\_\_\_  
(Please Print)

Name \_\_\_\_\_  
(Please Print)