



# 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/o 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.

In the event that my claim(s) are declined by the insurer/plan administrator, I understand **that I remain responsible for payment to the provider** for any services rendered and/or supplies provided. **I also, acknowledge the orthotics will be picked up within 30 days of the assessment date or I will be accountable for payment in full of the orthotics.**

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

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

\_\_\_\_\_  
Patient Signature

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

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

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