

PATIENT FOOTWEAR RECOMMENDATION

The proper athletic shoe is an important factor in the prevention and treatment of athletic injuries, as well as an essential part in maintaining one's fitness program.

FOOT TYPE

Overpronator R L Both
Supinator R L Both
Neutral R L Both

MEDICAL CONDITION

_____ Achilles Tendonitis
_____ Bunions
_____ Heel Spur
_____ Shin Splints
_____ Chondromalacia
_____ Plantar Fasciitis

FOOTWEAR NEEDS

_____ Extra Forefoot Cushioning
_____ Extra Heel Cushioning
_____ Shoe for Custom Made Orthotic
_____ Wide/Deep Toebox
_____ Medial Posting/Arch Support
_____ Combination Last
_____ Curve Lasted (Flexible)
_____ Straight-Lasted (Stability)

INSERTS

_____ Cushion
_____ Orthotic

Please list other patient concerns: _____

Referring Profession Signature: _____

***Present this prescription card
to receive a 10% discount on
your first purchase.***

STORE HOURS:

Feb-Sept: M-F: 10-8 Sat: 10-6 Sun:12-5
Oct-Jan: M-F: 10-7 Sat: 10-5 Sun:12-5



Two Locations

1801 2nd Street
Clock Tower Plaza
Coralville, IA 52241
1-319-351-3602

1950 Dodge Rd. NE
(Corner of Center Point Rd.
and Collins Rd.)
Cedar Rapids, IA 52402
319-378-8020