TALLAHASSEE PODIATRY ASSOCIATES, P.A.
We heal soles.

Dr. George N. Merritt
Dr. Russell W. Rowan
Dr. Bryan A. Spooner

ORTHOTICS REPAIR/REFURBISHMENT

TODAY'S DATE: _____/_____/_____

PATIENT'S FULL NAME (LAST, FIRST, M.I.):_____

If your name has changed in the last five years, please print former name:_____

DATE OF BIRTH: _____/_____/_____ PHONE: (HOME) _____ (CELL) _____

STREET ADDRESS_____ APT#_____

CITY: _____ STATE: _____ ZIP: _____

LAST TIME SEEN BY DOCTOR IN THIS OFFICE: (MONTH/YEAR) _____/_____ WHICH DOCTOR: _____

REASON FOR ORTHOTICS: _____ _____

_____

_____

PLEASE PLACE YOUR ORTHOTICS WITH THIS SHEET INSIDE A BAG OR BAGGIE AND SEAL BEFORE GIVING TO SOMEONE AT THE DESK. You will be called when your repairs are completed and your orthotics are ready to be picked-up.

THANK YOU FOR YOUR COOPERATION!

1866 Buford Blvd Tallahassee, FL 32308 • (P) 850-878-6998 (F) 850-656-9293