

# Footwear Referral

Provider Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Local Retailer \_\_\_\_\_



Notes

## CONDITION

- Bunion
- Hammer Toe
- Neuroma
- Hallux Rigidus
- Plantar Fasciitis
- Metatarsalgia
- Shin Splints
- Heel Spur
- Peroneal Tendonitis
- Other (add to notes)

## ALTRA EXPERIENCE

- Classic Zero Drop
- Low Drop
- No Preference

## CATEGORY

- Neutral
- Support
- Gait Analysis

## TOE BOX

- Roomy
- Tight

## FLEXIBILITY

- Stiff/Rigid
- Flexible



Scan to find your  
local referral partner