**East Portland West Portland**

14325 NE Airport Way, Ste 115 Cornell Medical Commons

Portland, OR 97230 Portland, OR 97229

M-Thur 9-5pm, Fri 9-4pm Tuesday 11:30 – 5:00

BY APPOINTMENT ONLY BY APPOINTMENT ONLY

T: 503.253.8984 F: 503.253.2094

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DX:

* Bunion
* Cavus Feet
* Charcot Marie Tooth
* Hallux Rigidus
* Hallux Valgus
* Hammertoes
* Limb Length Discrepancy
* Partial Foot Amputation
* Plantar Fasciitis
* PTTD
* Rheumatoid Arthritis
* Skin Graft
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RX:

* L3221 Extra Depth Shoes
* L3230 Custom Shoes or Boots
* L3410 Rocker Bottom Soles:
  + Toe Only
  + Heel to Toe
  + Double Rocker
  + Negative Heel Rocker
  + Roller Bottom
* L3310 Sole Lift LLD R L \_\_\_\_\_\_\_\_\_\_
* L3370 Medial Sole Wedge R L \_\_\_\_\_\_\_\_
* L3370 Lateral Sole Wedge R L \_\_\_\_\_\_\_\_
* L3390 Lateral Sole Flare R L \_\_\_\_\_\_\_\_\_\_
* L3390 Medial Sole Flare R L \_\_\_\_\_\_\_\_\_
* L3020 Custom Molded Orthotic
  + Soft, Accommodative
  + Semi- Rigid Accommodative
  + Rigid Functional
* L5000 Partial Foot Prosthesis

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Other Modifications or Special Instructions:*

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_