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Berry Chiroprody Professional Corporation

Advanced Services:

Nail Surgery
MSK/Musculoskeletal Therapies
Custom Orthotics
Orthopedic Footwear/Braces
Onychomycosis Laser
Shockwave Therapy/ESWT
Low Level Laser/Ultrasound Therapy
Total Contact Casting

Name _____

DoB _____

Tel _____

Dx _____



- | | |
|---|--|
| <input type="checkbox"/> PAIN: Heel/Arch/Midfoot/Ankle | <input type="checkbox"/> Plantar Wart: Conservative/Surgical |
| <input type="checkbox"/> Footcare | <input type="checkbox"/> Skincare/Callus/Corn |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Diabetic Risk Assessment /Care |
| <input type="checkbox"/> Ankle - Foot Orthotic/Brace | <input type="checkbox"/> Arthritis: RhA/OA, Hallux Limitus/Rigidus |
| <input type="checkbox"/> Orthopedic Footwear | <input type="checkbox"/> Compression <input type="checkbox"/> 20-30mmHg <input type="checkbox"/> 30-40mmHg |
| <input type="checkbox"/> Fungal Toenail/Laser Treatment | <input type="checkbox"/> Calf <input type="checkbox"/> Thigh <input type="checkbox"/> Pantyhose |
| <input type="checkbox"/> Ingrown Nail | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Nail Surgery/Nail Avulsion | <input type="checkbox"/> Total Contact Casting/Diabetic Foot Wound |
| <input type="checkbox"/> Other | |

Referring Physician _____

Physician signature _____

Physician office _____

dd/mm/yy _____

The **care, professionalism** and **time** that your feet deserve