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**Informed Consent to Gait and Lower Limb Assessment**

A Gait Analysis looks at your movement patterns, strength, and joint range of motion used in the daily activities such as running, walking or moving your feet. Often a result of injury to the lower back, or lower limb, can cause chronic pain resulting in a change in your gait pattern. Assessing the impact on your gait can help to identify any symptoms related to your pain.

A Gait and lower limb assessment may consist of patient completing forms, as well as a history and a physical exam including testing and palpation and measurements. It is important to let us know of any pre-existing medical conditions, including those related to heart and vascular system that already exist. We are required to advise patients that there may be some risks associated. In particular you should note that manual testing and palpation of associated areas of the foot/leg may temporarily aggravate symptoms and/or leave bruising and discomfort.

I acknowledge I have read and understand the implications of the required Biomechanical and Gait Assessment to be performed by enduraHEALTH Sports Therapy.

*Initials \_\_\_\_\_\_\_*

**Custom Orthotic insurance check list**

In order for us to help you determine your insurance cover-ability, please fill in the following fields. These details can be found in your insurance provider’s policy description:

A- Insurance Provider:

B- List of approved professionals to provide the assessment:

C- Yearly Coverage:

D- Do you require a prescription? If so, by which professional?

E- Plan Number

***Upon dispensing, we will provide you with a copy of the following items:***

1-Biomechanical and Gait Analysis report

2-Lab manufacturing device report

3-Lab order form

4-Sales receipt

***Our professional staff includes:***

***Christine Leslie RMT, MTAA 2006-62500***

*Initials \_\_\_\_\_\_\_*

**Peak Orthotics Guarantee**

***90 day fit guarantee***

We will happily take care of any device adjustment you may require in the 90 day period after dispensing your Custom Orthotics. It is important to follow up within a few weeks of your purchase date and let them know how you are doing with your new orthotics.

***6 month top cover***

Natural wear of the top cover will happen over time, and is perfectly normal. This does not mean your orthotics are wearing out necessarily. We guarantee top covers for a period of 6 months, after which, we will happily recover your orthotics for a nominal fee. The devices will have to be sent back to the lab for this procedure. Expect at least a week for shipping timeframe back and forth.

***1 year manufacturing defect***

Peak Orthotics will cover for manufacturing defect for one year and either repair or replace your orthotics (at the discretion of Peak Orthotics) This does not include potential fitting issues or top cover wear. Custom Orthotics are 100% custom products, therefor there is substantial costs in creating your orthotics. Also, the insurance claim-ability of the devices puts custom orthotics exposed to fraud, so for these reasons, the maximum refund-ability of any orthotics dispensed is 50% of the purchase price.

***Peak Orthotics Commitment***

We take great pride in our devices and services, you can be sure we will do everything in our power to ensure your satisfaction and be an active part on your road to recovery.

I acknowledge I have read and understand the Peak Orthotics Guarantee.

*Initials \_\_\_\_\_\_\_*

**Payment terms**

100% of the price is due upon ordering

Dated this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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Patient Name

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Patient Signature OR (Legal Guardian) Witness of Signature