

## **Informed Consent for Custom Orthotics**

Doctors of chiropractic who perform foot examinations and fit custom orthotics are required to advise patients that there may be some risks and discomforts associated with such assessments and fittings.

- a. You should note that as in all health care practices there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains. You cannot expect the doctor to be able to anticipate and explain all risks and complications. The doctor will exercise judgment during the course of the procedure which at the time, based upon the facts then known, is in your best interests.
- b. Participation in a foot examination with fitting of custom orthotics is associated with the following benefits; improved foot function, improved gait, decreased pain in feet, ankles, knees, hips and low back.
- c. Custom orthotics are one treatment option and there are no guarantees. Therapeutic alternatives to custom orthotics include non-custom arch supports or high quality footwear.

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of a foot examination in general and my treatment in particular (including custom orthotics) as well as the contents of this Consent.

I consent to the foot examination offered or recommended to me by my chiropractor, including fitting for custom orthotics. I intend this consent to apply to all my present and future foot care.

### **Billing**

The fee for my first pair of orthotics is \$500 and a second pair is \$350 (if purchased for myself and within a week of the first pair). If I am unsatisfied with my custom orthotics, my chiropractor will provide one modification within the first 90 days. Subsequent modifications will cost \$50.

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

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Witness of Signature

Name: \_\_\_\_\_  
(please print)

Name: \_\_\_\_\_  
(please print)

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