

# Davis

**FOOT COMFORT CENTER**

**Rx**

**BY APPOINTMENT**

*"Filling the Gap Between the Doctor and the Shoe Store Since 1977"*

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

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

Diagnosis: \_\_\_\_\_

CUSTOM-MADE FOOTWEAR

IN-DEPTH FOOTWEAR

FOOT ORTHOSES

SHOE MODIFICATIONS

ANKLE FOOT ORTHOSES

CONSULTATION

Notes:

Physician's Signature: \_\_\_\_\_ NPI #: \_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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