

Patient Name _____ Date _____

Diagnosis _____

Practitioner's Name _____

Recommended Product(s):**Full Support for Plantar Fasciitis, Moderate Pronation, Heel Pain, Heel Spurs****Pediatric / Youth****Heel Spurs / Leg Length Discrepancy****Additional product recommendations:**

Instructions for Ordering

1. Visit www.powerstep.com/referralprogram
2. Enter Rx referral code (Rx code is case sensitive.)
3. Select recommended product, choose your size and add to cart.
4. Shop entire Powerstep site for additional products. **Use the Rx code as a discount code at checkout for 10% off the entire order!**
5. Check out and pay with credit card.
6. Product(s) will be shipped for free, directly to your home address.

