

## Outgrowth Program

The Outgrowth Program provides a discount on the fee charged for growth related replacement orthotics. To qualify, the patient must be registered in the program and meet the age requirements. The maximum allowable time between orthotic orders is 18 months. **A completed copy of this program registration form must be attached to each work order.**

## Age Restriction

- Patients under the age of 16

### Program Registration Form

\_\_\_\_\_ DATE

PATIENT

SEX

MALE

FEMALE

BIRTHDATE

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HEALTH CARE PROFESSIONAL

ADDRESS

( ) \_\_\_\_\_ TELEPHONE

( ) \_\_\_\_\_ FAX

PARENT/GUARDIAN

ADDRESS

PLEASE CHECK ONE (1) OF THE FOLLOWING:

**1**

### INITIAL PAIR

- Please register this patient in the Orthotic Outgrowth Program. The attached work order and casts are for his/her initial pair of orthotics.

**2**

### 1st REPLACEMENT

- This patient is registered in the Orthotic Outgrowth Program. The attached work order and casts are for his/her **first** replacement pair of orthotics. Please extend the corresponding discount on lab fees.

**3**

### 2nd REPLACEMENT

- This patient is registered in the Orthotic Outgrowth Program. The attached work order and casts are for his/her **second or subsequent** replacement pair of orthotics. Please extend the corresponding discount on lab fees.

We hereby certify that the above-named patient qualifies for the Orthotic Outgrowth Program

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HEALTH CARE PROFESSIONAL

\_\_\_\_\_  
PARENT/GUARDIAN