

Authorization for Biomechanical Examination and Treatment



ORTHOWASHINGTON

Diagnosis and Treatment of Orthopedic Injuries

L. Kirk Lorimer, D.P.M.

Podiatric Physician and Surgeon

Diplomate, American Board of

Foot and Ankle Surgery

12707 - 120th Avenue NE • Suite 203

Kirkland, WA 98034

425-820-1221

FAX 425-821-9362

14700 NE 8th Street • Suite 200

Bellevue, WA 98007

425-746-5885

www.orthowashington.com

drlorimer@orthowashington.com

Patient:

Date

I authorize Dr. L. Kirk Lorimer to provide me with biomechanical examination and treatment. I understand that the fee charged shall include fabrication of the orthotic device(s).

The orthotics are being made in an attempt to maintain foot stability. The treatment does not imply any guarantee or cure. Orthotics are custom made and are non-refundable.

The fee for these services is \$500.00. If prior financial arrangements have not been made, a \$150.00 deposit is required at the time of casting with the remaining balance due at the time the orthotics are dispensed. Fees do not include the original diagnostic office visit where the determination to make orthotics was made, or additional follow-up visits. I understand that my insurance may not cover this service.

Patient or Guardian Signature:

Date