



# WingTek Orthotics and Prosthetics

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# W I N G T E K

*No charge for initial assessment*

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## Patient Information

Name:

DOB:

PHN:

Phone:

## Physician/Clinician

Name:

License/ Billing #:

Clinic name:

Phone:

Fax:

Email:

## Diagnosis/Symptoms

**Rx**

## Remarks/Precautions

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Signature

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Date