

## Image Orthopedic Outgrowth Program

The Image Orthopedic Lab Outgrowth Program helps to accommodate growth related replacement pair of orthotics during a 6-month period from the original invoice date. The program provides a replacement pair of orthotics at a 33% discount. To qualify, the patient mist be registered in the program.

\*\*PLEASE COMPLETE THIS REGISTRATION FORM & ATTACH TO ORGINIAL PRESCRIPTION FORM WITH THE INITIAL ORTHOTIC ORDER.

\*\*IN ORDER TO QUALIFY, THE PATIENT MUST BE UNDER THE AGE OF 12.

## **Program Registration Form**

Please check **ONE** of the following:

- INITIAL PAIR
- REPLACEMENT PAIR

Date:	
Patient Name:	Date of Birth:
Guardian Name:	
Clinic Name, Address & Phone Number:	