
PHYSICIAN PRESCRIPTION

PATIENT NAME

PATIENT DATE OF BIRTH

PATIENT ADDRESS

THE HEALING SOLE:

- Forefoot Pain
- Mid-foot Pain
- Heel Pain
- Other: _____

THE WELL THEORY:

- Osteopenia
- Wound Healing
- Connective Tissue Disorder
- Vitamin D Deficiency/Magnesium Deficiency

PHYSICIAN SIGNATURE

DATE PRESCRIBED
