



**Dr. Gregory Haman, BA, DC
Haman Chiropractic & Orthotics**

NAME:	ALBERTA HEALTH CARE #
ADDRESS:	TODAY'S DATE
CITY:	WHO CAN WE THANK FOR REFFERING YOU:
PROVINCE POSTAL CODE	
EMPLOYER'S NAME	FAMILY PHYSICIAN'S NAME
YOUR OCCUPATION	DATE OF BIRTH MONTH / DAY / YEAR
HOME PHONE #	WORK PHONE # CELL PHONE#
MALE / FEMALE	EMAIL ADDRESS

Shoe size: _____ Height _____ Weight _____

Please describe the principle health problems you came to see Dr. Haman about: _____

List any other Doctors seen for these problems: _____

List any diagnosis(s) and or treatment: _____

Do you have Extended Health Benefits? Please let us know who your coverage is with:

(ex: Great West Life/ Blue Cross, etc): _____

***Notes regarding Prescription Orthotics:**

- **We can direct bill for the exam/appointment but cannot direct bill for the cost of the Orthotics. We will give you all the paperwork required to be reimbursed from Insurance.**
- **A physician's signed prescription/referral is necessary if a claim will be made to Health Insurance**

FEES:

Foot exam and computerized gait analysis alone:	\$65.00
Orthotics	\$475.00 to \$525.00
Shipping for Orthotics (XpressPost):	\$25.00

Full payment or a down payment of \$200.00 is required before orthotics can be ordered from the Lab.