

# Out Growth Policy

## For Your Child's Orthotic Arch Supports

This Out Growth Policy is an agreement between the patient, \_\_\_\_\_ and Dr. \_\_\_\_\_ DPM. This policy is good for a period of three years from (date) \_\_\_\_\_.

This policy is designed for orthotic replacement due to outgrowth at the pre-established price of \$\_\_\_\_\_. This policy is not designed for replacement of your child's orthotic arch supports for any other reason than outgrowth. Additionally, this cost may not cover the office visit or other costs involved with fitting your child with the additional pair(s). Ask your doctor's office about these specifics.

At the time the replacement orthotic arch supports are dispensed to your child, the original pair must be returned to the lab by Dr. \_\_\_\_\_'s office under the terms of this agreement.

Print: \_\_\_\_\_ Signed: \_\_\_\_\_

Parent or Guardian

Print: \_\_\_\_\_ Signed: \_\_\_\_\_