



CHILDREN'S OUTGROWTH PROGRAM

To make children's and adolescent's growth related replacement orthoses more affordable and to encourage loyalty to our customer's practice.



PROGRAM DETAILS:

Age Restriction - Patient's under the age of 16

Discount

- Initial Pair - 100% of list price (0% discount)
- 1st Replacement Pair - 33% of list price (66% discount)
- 2nd or Subsequent Replacement Pairs - 66% of list price (33% discount)

Program Registration Forms

Completed by the Lab Service Customer, signed by the parent or guardian and attached to the corresponding work order.

The Fine Print

- New casts must be submitted with each order.
- Previous orthotics must be outgrown.
- 18 months maximum between orthotic orders.
- Program discounts must be passed on to your patients.
- A signed and completed Program Registration Form must accompany each orthotic order.
- No discounts are offered on repairs or modifications to Outgrowth Program orthotics.
- 1st, 2nd or subsequent order discounts cannot be combined with volume or any other discounts.

When pricing growth related replacement orthoses for your patients, we encourage you to consider supplementing our Outgrowth Program discounts (\$60 - \$70 on the first replacement pair and \$30 - \$40 on second and subsequent pairs). Creating an affordable children's orthotic program can be a very effective practice-building tool.



ORTHOTICS

CHILDREN'S OUTGROWTH PROGRAM

The Children's Outgrowth Program provides a discount on the fee charged for growth related replacement orthotics. To qualify, the patient must be registered in the program and meet the age requirements. The maximum allowable time between orthotic orders is 18 months.

A completed copy of this program registration form must be attached to each work order.

PROGRAM REGISTRATION FORM

DATE _____

PATIENT _____

BIRTH DATE _____ MM / DD / YY

HEALTH CARE PROFESSIONAL _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ FAX _____

PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PLEASE CHECK ONE (1) OF THE FOLLOWING:

- INITIAL PAIR**
Please register this patient in the Orthotic Outgrowth Program. The attached work order and casts are for an initial pair of orthotics.
- 1ST REPLACEMENT**
This patient is registered in the Orthotic Outgrowth Program. The attached work order and casts are for a first replacement pair of orthotics. Please extend the corresponding discount on lab fees.
- 2ND REPLACEMENT**
This patient is registered in the Orthotic Outgrowth Program. The attached work order and casts are for a second or subsequent replacement pair of orthotics. Please extend the corresponding discount on lab fees.

We hereby certify that the above-named patient qualifies for the Orthotic Outgrowth Program:

HEALTHCARE PROFESSIONAL

PATIENT / GUARDIAN