



Fax: 403-640-2283 Phone: 403-640-2262

Prescription Foot Orthotic Order Form

Date: ___/___/___ Practitioner: _____ Phone: _____

Billing Address: _____ Shipping Address (if different): _____

Patient: _____ Shoe Size: _____

Gender: Male Female Age: _____ Wt: _____ Shoe Type: _____

Lab Use Only	
Date Received: _____/_____/_____	
Scan #: _____	Block Height: _____
Invoice #: _____	
Date Shipped: _____/_____/_____	
Shell Technician: _____	
Additions & Top Cover Technician: _____	

1. Type of Orthotic (Use the following sections for modifications and additions to these defaults.)

<input type="checkbox"/> Sport - 3mm polypro shell with 15mm heel cup, extrinsic rearfoot post and 3mm puff top cover to toes. <input type="checkbox"/> Impact Sport - Same as Sport with 2mm polypro shell, soft arch fill & 1.5mm Nylplex bottom cover to toes. <input type="checkbox"/> Dress Ortho - 3mm polypro shell with 10mm heel cup, extrinsic rearfoot post and Ultrahyde top cover. <input type="checkbox"/> N.H.C. (No Heel Cup) - Vertex shell with no heel cup, 3/4 length Poron forefoot extension & vinyl top cover. <input type="checkbox"/> Gentle - EVA shell with 15mm heel cup, 3mm Poron forefoot extension and 3mm puff top cover to toes. <input type="checkbox"/> Diabetic - EVA and Korex shell with 15mm heel cup, full length Poron and full length Plastazote to toes.	Specialized (See Catalog for detailed descriptions) <input type="checkbox"/> UCBL <input type="checkbox"/> Shaeffer Plate <input type="checkbox"/> Roberts Whitman Plate <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gait Plate <input type="checkbox"/> In-Toe (to correct out-toe) <input type="checkbox"/> Out-Toe (to correct in-toe) <input type="checkbox"/> Sandal <input type="checkbox"/> Sandal Provided <input type="checkbox"/> Footbed Depth _____mm
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2. Shell Material & Specifications (If no shell material is specified the decision between vacuum formed or direct-milled poly will be at the labs discretion.)

Vacuum Formed White Polypropylene <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 4.5mm	Direct-Milled Clear Polypropylene <input type="checkbox"/> 2mm <input type="checkbox"/> 2.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 3.5mm <input type="checkbox"/> 4mm <input type="checkbox"/> 4.5mm <input type="checkbox"/> 5mm <input type="checkbox"/> 5.5mm	PRX (Nylon) <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid <small>Must have heel cups</small>	Graphite & Carbon Materials <small>Must have heel cups</small> <input type="checkbox"/> DBX #3 <input type="checkbox"/> XT Sprint-Semi-Rigid <input type="checkbox"/> DBX #4 <input type="checkbox"/> XT Sprint-Rigid <input type="checkbox"/> Vertex Rigid <small>Best option for no heel cup</small>	EVA <input type="checkbox"/> 30 Durometer—Blue <input type="checkbox"/> 55 Durometer—Black <input type="checkbox"/> 65 Durometer—White
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3. Shell Corrections

Cast Orientation <input type="checkbox"/> L <input type="checkbox"/> R Vertical (Neutral) L _____° R _____° Varus L _____° R _____° Valgus	Arch Height <input type="checkbox"/> Aggressive <input type="checkbox"/> Average <input type="checkbox"/> Low	Shell Corrections & Accommodations <input type="checkbox"/> L <input type="checkbox"/> R Plantar Fascia Groove <input type="checkbox"/> L <input type="checkbox"/> R Styloid Accommodation <input type="checkbox"/> L <input type="checkbox"/> R Heel Aperture <input type="checkbox"/> L <input type="checkbox"/> R Hallux Rigidus Splint <input type="checkbox"/> L <input type="checkbox"/> R Medial Heel Skive <input type="checkbox"/> L <input type="checkbox"/> R As Marked On Cast	Specialized Shell Side Walls Medial <input type="checkbox"/> L <input type="checkbox"/> R Lateral <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> High <input type="checkbox"/> Wide (Bowed)
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4. Orthosis Specifications

Heel Cup Depth <input type="checkbox"/> 10mm (Shallow) <input type="checkbox"/> 20mm (Deep) <input type="checkbox"/> 14mm (Average) <input type="checkbox"/> Other _____mm	Orthotic Width <input type="checkbox"/> Narrow <input type="checkbox"/> Standard <input type="checkbox"/> Wide	Shell Modifications <input type="checkbox"/> L <input type="checkbox"/> R 1st Met Cut Out <input type="checkbox"/> L <input type="checkbox"/> R 1st Ray Cut Out <input type="checkbox"/> L <input type="checkbox"/> R 5th Met Cut Out	Special Instructions:
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5. Posting Instructions

Post Type Rearfoot Post <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic Forefoot Post <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic	Post Angles (Please circle varus or valgus in each case) Rearfoot: Left _____° Varus / Valgus Right _____° Varus / Valgus Forefoot: Left _____° Varus / Valgus Right _____° Varus / Valgus	Forefoot Post Options <input type="checkbox"/> Tip <input type="checkbox"/> Bar <input type="checkbox"/> Sulcus (Marathon) <input type="checkbox"/> 1/8" or <input type="checkbox"/> 1/16" Bar with 1st Met Cutout	Rearfoot Post Options <input type="checkbox"/> Heel Raise L _____mm R _____mm <input type="checkbox"/> Permanent <input type="checkbox"/> Separate
Arch Fill <input type="checkbox"/> White EVA 65 Durometer <input type="checkbox"/> Blue EVA 35 Durometer <input type="checkbox"/> Black Poron 20 Durometer <input type="checkbox"/> Fisher Foam	Lateral Ramp <input type="checkbox"/> White EVA 65 Durometer <input type="checkbox"/> Blue EVA 35 Durometer	Sulcus (Marathon) Post Met. Head Cut-Outs <input type="checkbox"/> Poron Fill <input type="checkbox"/> Left - 1 - 2 - 3 - 4 - 5 <input type="checkbox"/> Right - 1 - 2 - 3 - 4 - 5	

6. Extensions, Additions & Accommodations

Forefoot Extensions Extension Length: <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes Extension Thickness: <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm Extension Material: <input type="checkbox"/> Poron <input type="checkbox"/> Nylplex <input type="checkbox"/> Korex <input type="checkbox"/> EVA	Additions & Accommodations <input type="checkbox"/> L <input type="checkbox"/> R Heel Plugs -Poron <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <input type="checkbox"/> Round <input type="checkbox"/> Oval (Spur) <input type="checkbox"/> L <input type="checkbox"/> R Metatarsal Pad <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> L <input type="checkbox"/> R 6mm Poron Metatarsal Pad <input type="checkbox"/> L <input type="checkbox"/> R Metatarsal Bar <input type="checkbox"/> L <input type="checkbox"/> R Morton's Extension <input type="checkbox"/> L <input type="checkbox"/> R Rev. Morton's Extension Notes: _____	<input type="checkbox"/> L <input type="checkbox"/> R Horseshoe Pad <input type="checkbox"/> L <input type="checkbox"/> R Poron Fill in PFG <input type="checkbox"/> L <input type="checkbox"/> R Sulcus Crest <input type="checkbox"/> L <input type="checkbox"/> R Sesamoid Pad <input type="checkbox"/> L <input type="checkbox"/> R Functional Hallux Limitus <input type="checkbox"/> L <input type="checkbox"/> R Arch Pad (Cookie)	<input type="checkbox"/> L <input type="checkbox"/> R MLA Wall <input type="checkbox"/> L <input type="checkbox"/> R Neuroma Pad <input type="checkbox"/> L <input type="checkbox"/> R Cuboid Pads <input type="checkbox"/> L <input type="checkbox"/> R Other
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7. Covers

Top Covers Length: <input type="checkbox"/> Device Only <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes <input type="checkbox"/> 1.5mm Black Puff <input type="checkbox"/> 3mm Black Puff <input type="checkbox"/> 3mm Blue Multiform <input type="checkbox"/> 4mm Blue Multiform <input type="checkbox"/> Both 3mm Poron & 3mm Plastazote to toes (Diabetic)	<input type="checkbox"/> 3mm Black Nylplex <input type="checkbox"/> 1.5mm Black Nylplex <input type="checkbox"/> Black Vinyl only <input type="checkbox"/> Tan Simulated Ostrich <input type="checkbox"/> Black Ultrahyde only -Add \$7 <input type="checkbox"/> 3mm Plastazote <input type="checkbox"/> 6mm Plastazote <input type="checkbox"/> Leather: _____Add \$25 <input type="checkbox"/> Suede: _____Add \$25	Combo Top Covers <input type="checkbox"/> Add Black Vinyl <input type="checkbox"/> Add Tan Simulated Ostrich (Vinyl) <input type="checkbox"/> Add Black Ultrahyde -Add \$7 <input type="checkbox"/> Full length 3mm Poron under top cover	Bottom Covers <input type="checkbox"/> Entire Bottom <input type="checkbox"/> FF Post to toes <input type="checkbox"/> Mets to toes <input type="checkbox"/> 0.75mm Black Nylplex <input type="checkbox"/> Black Vinyl <input type="checkbox"/> 1.5mm Black Nylplex <input type="checkbox"/> Tan Sim. Ostrich <input type="checkbox"/> 1.5mm Korex
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