



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.)

- Sport** - 3mm polypro shell with 15mm heel cup, extrinsic rearfoot post and 3mm puff top cover to toes.
- Impact Sport** - Same as Sport with 2mm polypro shell, soft arch fill & 1.5mm Nyplex bottom cover to toes.
- Dress Ortho** - 3mm polypro shell with 10mm heel cup, extrinsic rearfoot post and Ultrahyde top cover.
- N.H.C.** (No Heel Cup) - Vertex shell with no heel cup, 3/4 length Poron forefoot extension & vinyl top cover.
- Gentle** - EVA shell with 15mm heel cup, 3mm Poron forefoot extension and 3mm puff top cover to toes.
- Diabetic** - EVA and Korex shell with 15mm heel cup, full length Poron and full length Plastazote to toes.

- Specialized (See Catalog for detailed descriptions)**
- UCBL
 - Shaeffer Plate
 - Roberts Whitman Plate
 - Other: _____
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- Gait Plate**
 - In-Toe (to correct out-toe)
 - Out-Toe (to correct in-toe)
 - Sandal**
 - Sandal Provided
 - Footbed Depth _____ mm

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.)

<input type="checkbox"/> Vacuum Formed White Polypropylene	<input type="checkbox"/> PRX (Nylon)	Shell Rigidity <input type="checkbox"/> Flexible <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid	Arch Height <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> Aggressive	Heel Cup Depth <input type="checkbox"/> 10mm (Shallow) <input type="checkbox"/> 20mm (Deep) <input type="checkbox"/> 14mm (Average) <input type="checkbox"/> Other _____ mm
<input type="checkbox"/> Direct-Milled Clear Polypropylene	<input type="checkbox"/> DBX6 (Graphite) <input type="checkbox"/> Vertex (Carbon Fiber) Rigid Only <input type="checkbox"/> EVA Flexible or Very Soft Only			

3. Shell Corrections

Orthotic Width <input type="checkbox"/> Narrow <input type="checkbox"/> Standard <input type="checkbox"/> Wide	Shell Corrections & Accommodations			Specialized Shell Side Walls	
	<input type="checkbox"/> L <input type="checkbox"/> R 1st Met Cut Out	<input type="checkbox"/> L <input type="checkbox"/> R Plantar Fascia Groove	<input type="checkbox"/> L <input type="checkbox"/> R Hallux Rigidus Splint	Medial <input type="checkbox"/> L <input type="checkbox"/> R	Lateral <input type="checkbox"/> L <input type="checkbox"/> R
	<input type="checkbox"/> L <input type="checkbox"/> R 1st Ray Cut Out	<input type="checkbox"/> L <input type="checkbox"/> R Styloid Accommodation	<input type="checkbox"/> L <input type="checkbox"/> R Medial Heel Skive	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> L <input type="checkbox"/> R 5th Met Cut Out	<input type="checkbox"/> L <input type="checkbox"/> R Heel Aperture	<input type="checkbox"/> L <input type="checkbox"/> R As Marked On Cast	<input type="checkbox"/> Wide (Bowed)	<input type="checkbox"/> Wide (Bowed)	

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
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6. Extensions, Additions & Accommodations

Forefoot Extensions Extension Length: <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm Extension Thickness: <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm Extension Material: <input type="checkbox"/> Poron <input type="checkbox"/> Nyplex <input type="checkbox"/> Korex <input type="checkbox"/> EVA	Additions & Accommodations <input type="checkbox"/> L <input type="checkbox"/> R Heel Plugs -Poron <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm → <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Horseshoe <input type="checkbox"/> L <input type="checkbox"/> R Metatarsal Pad <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm(Poron) → <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> L <input type="checkbox"/> R Pre-Made Metatarsal Pad (Poron) → Size: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> L <input type="checkbox"/> R Metatarsal Bar <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 Morton's Extension <input type="checkbox"/> L <input type="checkbox"/> R Neuroma Pad <input type="checkbox"/> L <input type="checkbox"/> R Functional Hallux Limitus <input type="checkbox"/> L <input type="checkbox"/> R Reverse Morton's Extension <input type="checkbox"/> L <input type="checkbox"/> R Other (Specify in notes) <input type="checkbox"/> L <input type="checkbox"/> R Arch Pad (Cookie)	Bottom Covers <input type="checkbox"/> Entire Bottom <input type="checkbox"/> Mets to toes <input type="checkbox"/> 0.75mm Black Nyplex <input type="checkbox"/> 1.5mm Black Nyplex <input type="checkbox"/> Black Vinyl <input type="checkbox"/> Tan Sim. Ostrich <input type="checkbox"/> 1.5mm Korex
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7. Covers

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

Notes / Special Instructions:
