



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 Nylplex bottom cover to toes.
- Dress Ortho** - 3mm polypro shell with 10mm heel cup, extrinsic rearfoot post with vinyl top cover.
- N.H.C.**(No Heel Cup) - Starflex shell with no heel cup, 3/4 length puff forefoot extension & vinyl top cover.
- Gentle** - EVA shell with 15mm heel cup, 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: _____
 - 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.)

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	Graphite & Carbon Materials <input type="checkbox"/> Vertex <input type="checkbox"/> XT Sprint <input type="checkbox"/> Rigid <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> TL 2100 <input type="checkbox"/> Silver <input type="checkbox"/> Black	HDPE (4mm) <input type="checkbox"/> Blue <input type="checkbox"/> Red
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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: <input type="checkbox"/> Rush add \$65.00/Pair
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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) <input type="checkbox"/> Midshort RF Posts 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	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"/> Other _____ Extension Material: <input type="checkbox"/> Recoil <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"/> 6mm <input type="checkbox"/> Small <input type="checkbox"/> Large <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 Cuboid Pads <input type="checkbox"/> L <input type="checkbox"/> R Other: _____
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7. Covers

Top Covers <input type="checkbox"/> Black Puff <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> Blue Multiform <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> Nylplex <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> Plastazote <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <input type="checkbox"/> Spenco <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm	Length: <input type="checkbox"/> Device Only <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes <input type="checkbox"/> Black Ultrahyde only-Add \$10 <input type="checkbox"/> Leather: _____Add \$25 <input type="checkbox"/> Suede: _____Add \$25 <input type="checkbox"/> Black Vinyl Only <input type="checkbox"/> Other: _____	Combo Top Covers <input type="checkbox"/> Add Black Vinyl <input type="checkbox"/> Full Length 3mm Poron Under Top Cover <input type="checkbox"/> Diabetic (3mm poron+ 3mm plastazote) <input type="checkbox"/> Add Black Ultrahyde (add \$10.00)	Bottom Covers <input type="checkbox"/> Entire Bottom <input type="checkbox"/> FF Post to toes <input type="checkbox"/> Mets to toes <input type="checkbox"/> 1.5 Nylplex <input type="checkbox"/> 1.5 Korex <input type="checkbox"/> Black Vinyl
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