

21828 87th Avenue SE, Suite C-1  
Woodinville, Washington 98072

Tel 1-800-780-4292  
Tel (425) 486-4292  
Fax (425) 486-3553

**RUSH ORDER:**  
 2 Day - \$20  
 3 Day - \$15

**FUNCTIONAL ORTHOSES PRESCRIPTION FORM**

Patients Name \_\_\_\_\_

Date \_\_\_\_\_

Doctors Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Information: Age \_\_\_\_\_ Wt. \_\_\_\_\_ Sex \_\_\_\_\_ Shoe Size \_\_\_\_\_ Shoe Type \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Pouring Instructions:  Perpendicular  As Is  Inverted R \_\_\_\_\_° L \_\_\_\_\_°

Forefoot Posting:  Intrinsic Right Varus \_\_\_\_\_° Valgus \_\_\_\_\_°  
 Extrinsic Left Varus \_\_\_\_\_° Valgus \_\_\_\_\_°

Specifications: Heel Cup Depth:  Normal  Deep  Shallow  
 Orthotic Width:  Normal  Wide  Narrow  
 Arch Fill:  Normal  Heavy  Light

<b>Polypropylene:</b> <input type="checkbox"/> 3/32" (2.3mm) <input type="checkbox"/> 1/8" (3.2mm) <input type="checkbox"/> 5/32" (4.0mm) <input type="checkbox"/> 3/16" (4.7mm) <input type="checkbox"/> 1/4" (6.4mm)	<b>Carboplast II:</b> <input type="checkbox"/> Flexible (1.5mm) <input type="checkbox"/> Semi-Rigid (2.0mm) <input type="checkbox"/> Rigid (2.5mm)	<b>NW DBX6:</b> <input type="checkbox"/> Semi-Rigid (1.5mm) <input type="checkbox"/> Rigid (1.5mm)	<b>TL 2100:</b> <input type="checkbox"/> Flexible (1.8mm) <input type="checkbox"/> Semi-Rigid (2.2mm) <input type="checkbox"/> Rigid (2.8mm) <input type="checkbox"/> Ultra (2.8mm)	<b>Specialty Sport:</b> <input type="checkbox"/> Aerobic Spenco Topcover <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> Super Sport <input type="checkbox"/> Ski Orthotic	<b>Specialty Dress:</b> <input type="checkbox"/> Cobra Style <input type="checkbox"/> Carbo Dress <input type="checkbox"/> Poly Dress <input type="checkbox"/> Black <input type="checkbox"/> Brown
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<b>Accommodative Orthotic:</b> <input type="checkbox"/> Functional <input type="checkbox"/> Non-Functional <b>Polypropylene Shell:</b> <input type="checkbox"/> None <input type="checkbox"/> 1/16" (1.6mm) <input type="checkbox"/> 1/8" (3.2mm)	<b>Arch Fill:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm	<b>Bottom Cover:</b> <input type="checkbox"/> Multi-Cork <input type="checkbox"/> HR EVA <input type="checkbox"/> None	<b>Specialty Accommodative:</b> <input type="checkbox"/> Soft Step <input type="checkbox"/> Diabetic <input type="checkbox"/> Cork & Leather	<b>Childrens' Orthotic:</b> <input type="checkbox"/> Rearfoot Controller <input type="checkbox"/> Gait Plate <input type="checkbox"/> Reversed Gait Plate
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**Special Work:**

P F Groove \_\_\_\_\_ mm R L  
 Metatarsal Pads \_\_\_\_\_ mm R L  
 1st Ray Cut Out R L  
 Kirby Skive \_\_\_\_\_ mm R L  
 Horse Shoe Pads R L  
 Medial Flange R L  
 EVA Arch Fill R L  
 Mortons Extension R L  
 Rev. Mortons Extension R L  
 Poron Arch Fill R L  
 Silipos Relief Pads R L  
 Metatarsal Bars R L

**Rear Foot Posting:**

None  
 4/4  Other \_\_\_\_\_  
 Polypropylene  
 Birkocork  
 Crepe 60 Duro  
 Crepe 70 Duro  
 Petite Post  
 Heel Lift \_\_\_\_\_ mm R L  
 Heel Hole R L

<b>Cushion Top Cover:</b> <input type="checkbox"/> Poron 1/16" 1/8" <input type="checkbox"/> HR EVA 1/16" 1/8" <input type="checkbox"/> Met Length <input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus Length	<b>Extension Only: (circle thickness)</b> <input type="checkbox"/> Poron 1/16" 1/8" <input type="checkbox"/> HR EVA 1/16" 1/8" <input type="checkbox"/> Multi-Cork 1/16" 1/8" <input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus Length
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**Top Covers:**

None  Leather  Black  
 Vinyl  Ultrasuede  Tan

Spenco  Met Length  
 EVA/Puff  1/16"  Sulcus Length  
 Ucolite  1/8"  Full Length  
 Static-X

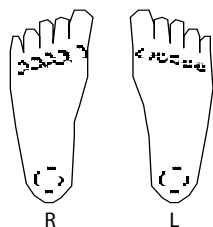
**Bottom Covers:**

Vinyl  Ultrasuede  EVA/Puff  Muti-Cork

**Positive Castings:**

Stored  Returned

\* Mark Accommodations on Diagram and Castings



**SPECIAL INSTRUCTIONS:**