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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

| | | | | | |
|---|---|--|---|--|--|
| Polypropylene: <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) | Carboplast II: <input type="checkbox"/> Flexible (1.5mm) <input type="checkbox"/> Semi-Rigid (2.0mm) <input type="checkbox"/> Rigid (2.5mm) | NW DBX6: <input type="checkbox"/> Semi-Rigid (1.5mm) <input type="checkbox"/> Rigid (1.5mm) | TL 2100: <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) | Specialty Sport: <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 | Specialty Dress: <input type="checkbox"/> Cobra Style <input type="checkbox"/> Carbo Dress <input type="checkbox"/> Poly Dress <input type="checkbox"/> Black <input type="checkbox"/> Brown |
|---|---|--|---|--|--|

| | | | | |
|---|--|---|---|--|
| Accommodative Orthotic: <input type="checkbox"/> Functional <input type="checkbox"/> Non-Functional Polypropylene Shell: <input type="checkbox"/> None <input type="checkbox"/> 1/16" (1.6mm) <input type="checkbox"/> 1/8" (3.2mm) | Arch Fill: <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm | Bottom Cover: <input type="checkbox"/> Multi-Cork <input type="checkbox"/> HR EVA <input type="checkbox"/> None | Specialty Accommodative: <input type="checkbox"/> Soft Step <input type="checkbox"/> Diabetic <input type="checkbox"/> Cork & Leather | Childrens' Orthotic: <input type="checkbox"/> Rearfoot Controller <input type="checkbox"/> Gait Plate <input type="checkbox"/> Reversed Gait Plate |
|---|--|---|---|--|

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

Cushion Top Cover:

Poron 1/16" 1/8"
 HR EVA 1/16" 1/8"
 Met Length
 Full Length
 Sulcus Length

Extension Only: (circle thickness)

Poron 1/16" 1/8"
 HR EVA 1/16" 1/8"
 Multi-Cork 1/16" 1/8"
 Full Length
 Sulcus Length

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

SPECIAL INSTRUCTIONS:

* Mark Accommodations on Diagram and Castings

