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RUSH ORDER:
\$20
Required By: \_\_\_/\_\_\_/\_\_\_

FUNCTIONAL ORTHOSES
PRESCRIPTION
FORM

New Scan Image On File

Patient Date
Provider PO#
Address Telephone
City State Zip Email

Patient Information: Age Wt. Sex Shoe Size Shoe Type
Chief Complaint:

Heel Bisection: Perpendicular As Is Inverted Everted R L

Forefoot Posting: Intrinsic Extrinsic Right Left Varus Valgus

Specifications: Heel Cup Depth Orthotic Width Arch Correction
Normal Deep Shallow
Normal Wide Narrow
Normal Heavy (lower) Light (higher)

Polypropylene: Carboplast II: NW DBX6: TL 2100: Specialty Sport: Specialty Dress:

Accommodative Orthotic: Polypropylene Shell: Arch Fill: Bottom Cover: Specialty Accommodative: Children's Orthotic:

Special Work: PF Groove Kirby Skive Metatarsal Pad Metatarsal Bar 1st Ray Cut Out Medial Flange Morton's Extension Reverse Morton's Extension EVA Arch Fill Poron Arch Fill Silipos Relief Pad Horse Shoe Pad Heel Cushion

Rear Foot Posting: None 4/4 Polypropylene Birko-Cork Crepe 60 Duro Crepe 70 Duro Petite Post Heel Lift Heel Hole

Extension Only: Sulcus Length Full Length 1/16 1/8 Poron HR EVA Multi-Cork

Cushion Layer: Met Length Sulcus Length Full Length 1/16 1/8 Poron HR EVA

Top Cover: None Black Tan Vinyl Leather Ultrasuede

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

Bottom Covers: Vinyl Ultrasuede EVA/Puff Multi-Cork

Positive Castings: Store Return

\* Mark Accommodations on Diagram and Castings

