

PRESCRIPTION ORDER FORM

PacificOrthotic[®]
LABORATORY
Tel (800) 780-4292 Fax (425) 486-3553
Tel (425) 486-4292 PacificOrthotic.com

\$30 Rush Order - Due By Date:

of Same Pair: 1 2 3 Other: _____

New Casting -or- Prior Casting On File

LAB USE ONLY
Web - STANDARD - Jan 2024
LAB USE ONLY

Patient: _____

Provider: _____

Date: _____ PO: _____

Facility: _____ Account #: _____

Date of Birth: _____ Age: _____ Weight: _____

City: _____ State: _____ Zip: _____

Shoe Sex: _____ Size: _____ Style: _____

Telephone: _____ Email: _____

Select one template -OR- Skip to the next section

Specialty Devices

- | | | |
|----------------|------------------------|-------------------------|
| Sport: | Comfort: | Diabetic: |
| Aerobic | Soft Step | Poly Hybrid Diabetic |
| Super Sport | Cork & Leather | White EVA DMII Insole |
| Poly Athletic | Poly Accommodative | Cork EVA DMII Insole |
| Carbo Athletic | AliPlast Accommodative | Special Control: |
| Ski Orthotic | Foot Forms: | UCBL |
| Dress: | Cork (55 durometer) | Whitman Roberts |
| Carbo Dress | Blue (45 durometer) | Out-toeing Gait Plate |

-OR-

Diagnosis Devices

- | | |
|------------------------------|---------------------------------------|
| Achilles Tendinitis | Neuroma |
| Adult Acquired Flatfoot/PTTD | Pediatric Flatfoot |
| Calcaneal Apophysitis | Pes Cavus with Rigid Forefoot |
| Hallux Limitus/HAV | Plantar Fasciitis (Everted Rear Foot) |
| In-toeing Gait | Plantar Fasciitis (Forefoot Valgus) |
| Lateral Ankle Instability | Sesamoiditis |
| Lateral Column Overload | Sinus Tarsi Syndrome |
| Metatarsalgia | Tarsal Tunnel Syndrome |

Further customize the selected template -OR- Design your own device below

Heel Bisection

- Perpendicular -or-**
As-Is
Invert: R _____° L _____°
Evert: R _____° L _____°

Heel Cup

- Normal (14mm)**
Shallow (10mm)
Deep (18mm)
Custom _____mm

Shell Width

- Normal**
Narrow
Wide

Cast Fill

- Normal**
Heavy (minimal device arch)
Light (maximal device arch)

Cast Work

- Medial Flange (wide shell width only) R | L
Lateral Clip R | L
Medial Heel Skive: R _____mm L _____mm
Lateral Heel Skive: R _____mm L _____mm

Polymer Shell

Polypropylene:

- 3/32" (2.3mm)
1/8" (3.2mm)
5/32" (4.0mm)
3/16" (4.7mm)
1/4" (6.4mm)

	≤ 100lb	101-160lb	161-220lb	221-280lb	≥ 281
2.3mm	Semi-Rigid	Flexible			
3.2mm	Rigid	Semi-Rigid	Flexible		
4.0mm	Very Rigid	Rigid	Semi-Rigid	Flexible	
4.7mm		Very Rigid	Rigid	Semi-Rigid	Flexible
6.4mm			Very Rigid	Rigid	Semi-Rigid

-OR-

Graphite Shell

XTXS Carboplast II:

- 1.6mm "Ease-Flex"
2.0mm "Semi-Rigid"
2.6mm "Rigid"
3.0mm "Ultra-Rigid"

	≤ 100lb	101-180lb	≥ 181lb
1.6mm	Semi-Rigid	Flexible	
2.0mm	Rigid	Semi-Rigid	Flexible
2.6mm	Very Rigid	Rigid	Semi-Rigid
3.0mm		Very-Rigid	Rigid

NW DBX6: 1.5mm #4 Flex (Rigid)

Posting Angle

- Forefoot: Intrinsic -or- Extrinsic**
0°/0° Neutral -or-
Right: Varus _____° Valgus _____°
Left: Varus _____° Valgus _____°

- Rear Foot: Intrinsic -or- Extrinsic**
0°/0° Neutral -or-
Right: Varus _____° Valgus _____°
Left: Varus _____° Valgus _____°

Forefoot Post (extrinsic)

- Standard -or- Crepe to Sulcus**

Arch Fill (extrinsic)

- FULL Shell -or- Lateral Only**
-and- Extend to Sulcus
PPT (poron)
Soft EVA Medium EVA Firm EVA
Crepe Extra-Firm (70+ durometer)

Rear Foot Post (extrinsic)

- Standard -or- Petite/Strip Post**
Polypropylene (polypropylene shell only)
Birko Cork
Crepe Firm (60 durometer)
Crepe Extra-Firm (70+ durometer)

Modifications:

- 4°/4° Motion Post
No Lateral Bevel
Lateral 1/2 Post Only
No Post Cap
Omit Extrinsic Post (template devices)

Heel Lift:

- R _____mm L _____mm

Shell Modifications

-  R | L Rigid Morton's 1st Toe Shell Extension
 R | L 1st Ray Shell Cut Out
 R | L Plan. Fascia Groove (3mm) -or- _____mm
 R | L Heel Hole w/ Poron Backfill

Additions

-  R | L Metatarsal Pad (3mm) -or- _____mm
 R | L Metatarsal Raise (3mm) -or- _____mm
 R | L Metatarsal Bar (6mm) -or- _____mm
 R | L Scaphoid/Arch Pad (3mm) -or- _____mm
 R | L Soft Medial Flare (top covers)
 R | L Morton's Extension (flexible)
 R | L Reverse Morton's Extension (flexible)
 R | L Horseshoe Heel Spur Pad
 R | L Heel Cushion
R | L Silicone Gel Pad (specify location)

Mark Diagram for Shell or Top Cover Relief Locations



Forefoot Extension

- | | | |
|---------------|-------|-------------|
| Sulcus Length | 1/16" | PPT (poron) |
| Full Length | 1/8" | HR EVA |
| | | Multicork |

Cushion Layer

Bevel Edges -or- No Bevel

- | | | |
|---------------|-------|-------------|
| Met Length | 1/16" | PPT (poron) |
| Sulcus Length | 1/8" | HR EVA |
| Full Length | | Memory Foam |

Top Cover

- | | | |
|----------------|-------|------------|
| No Covers -or- | Black | Vinyl |
| | Brown | Leather |
| | | Ultrasuede |

-OR-

- | | | |
|---------------|-------|-----------------|
| Met Length | 1/16" | Spenco |
| Sulcus Length | 1/8" | Puff EVA |
| Full Length | | Perforated Puff |
| | | Bamboolon |
| | | Plastazote |

Bottom Cover

Forefoot Only -or- Full Device

- | | | | | |
|-------|------------|------|------|--------|
| Vinyl | Ultrasuede | Puff | Cork | HR EVA |
|-------|------------|------|------|--------|

Special Instructions