

ACCOUNT # _____	LOG # _____
SI _____	SO _____ INV. _____

CUSTOM ORTHOSES PRESCRIPTION FORM

OFFICE NAME _____ DATE _____
 DOCTOR _____ PHONE # _____
 ADDRESS _____
 PATIENT NAME _____ SEX _____ AGE _____ WEIGHT _____
 SHOE SIZE _____ TYPE WORN _____ OCCUPATION _____
 DIAGNOSIS AND _____
 OBSERVATIONS _____
 CAST TAKEN _____ NON WEIGHT BEARING _____ SEMI WEIGHT BEARING _____ WEIGHT BEARING _____

TYPE OF ORTHOSIS

- SPORTS**
- Sport-Rite
 - Sport-Rite Olympian
 - Graph-Rite
 - Walk-Rite
 - Runner
 - Other _____
- DRESS**
- Ultra
 - Dress-Rite
 - Women's Dress-Line
 - Teardrop (Flats)
 - Slender (High Heels)
 - Pump Rite (Cobra Pattern)
 - Of Graphite
- ACCOMMODATIVE**
- Flex-Rite
 - A.D.L.
 - Osteo-Rite
 - Plastizote Mould
 - Leather Laminate
 - Leather & Cork
 - Leather & Poron
- CHILDREN**
- Gait-Plate
 - To correct in-toe
 - To correct out-toe
 - Whitman
 - Heel Stabilizer
 - U.C.B.L.
 - Functional Acrylic

EXTENSIONS

- SULCUS
- OVER SHELL
- PORON
- FULL FOOT
- PELITE
 - 1/16"
 - 1/8"

POSTING INSTRUCTIONS

- POST TO CAST
- REARFOOT
 - Extrinsic
 - Intrinsic
- RIGHT LEFT
- ___ Varus ___ Varus
- ___ Valgus ___ Valgus
- FOREFOOT
 - Extrinsic
 - Intrinsic
- RIGHT LEFT
- ___ Varus ___ Varus
- ___ Valgus ___ Valgus

SPECIAL COVERS

- SPENCO - EQUIVALENT
- LEATHER
- SWEAT RESISTANT
- DIABETIC

PARTIAL FOOT PROSTHESIS

- RIGHT
 - LEFT
- Shoe must accompany cast

ACCOMMODATIONS

- DEEP HEEL CUP
 - Right
 - Left
 - Both
- HEEL SPUR
 - (As marked on cast)
 - CUT OUT
 - U-PAD
 - Right
 - Left
 - Both
- HEEL PAD - (THICKNESS?)
 - ___ Right ___ Left
- HEEL LIFT
 - ___ Right ___ Left
- HIGH MEDIAL FLANGE
 - Right
 - Left
 - Both
- HIGH LATERAL FLANGE
 - Right
 - Left
 - Both
- REINFORCE
 - LONGITUDINAL ARCH
 - Right
 - Left
 - Both
- MET PADS
 - Right
 - Left
 - Both
- MET BAR
 - Right
 - Left
 - Both
- DANCERS PAD
 - Right
 - Left
 - Both
- MORTON'S EXTENSION
 - Right
 - Left
 - Both
- NEUROMA PAD
 - ___ Right ___ Left
- TOE CREST
 - Right
 - Left
 - Both
- 1st RAY CUTOUT
 - Right
 - Left
 - Both
- 1st MET CLIP
 - Right
 - Left
 - Both
- BALANCE FOR LESIONS
 - (As marked on cast)
 - Right
 - Left
 - Both

SPECIAL INSTRUCTIONS:

Doctor's Signature

Shoes Included

Umbrella Policy



INDICATE SPURS & LESIONS