Simple ORTHOTICS INC.

Prescription Order Form

9960 INDIANA AVE., SUITE #15 RIVERSIDE, CA 92503
TEL (951) 353-8127 FAX (951) 353-8107

ACCOUNT INFORMATION

PRACTITIONER:_____

LOCATION: _____

CITY:_____ STATE: ___ ZIP:___

TELEPHONE: _____ FAX:_____

PATIENT INFORMATION

NAME: _____

ADDRESS: _____

CITY _____ STATE:_____ ZIP: _____

AGE:___ WT:_____ SEX M F SHOE SIZE/TYPE _____

RETURN CASTS :_____ MAIL TO PATIENT :_____

SPORTS

- ☐ SPORT
- ☐ MARATHONER
- ☐ SPRINTER
- ☐ SOCCER
- ☐ AEROBIC
- ☐ BASKETBALL
- ☐ SKI
- ☐ TENNIS
- ☐ FLEXIBLE SPORT

BIOMECHANICAL

- ☐ BIOMECHANICAL
- ☐ GRAPHITE
- ☐ UCBL
- ☐ UNIT
- ☐ HEEL PAIN
- ☐ GAIT IN
- ☐ GAIT OUT

ACCOMMODATI VE

- ☐ ACCOMMODATIVE
- ☐ FLEX
- ☐ PRO-FLEX
- ☐ DIABETIC
- ☐ DIABETIC 2
- ☐ LEATHER MOULD

FASHION

- ☐ FASHION
- ☐ DRESS
- ☐ COBRA
- ☐ GRAPHITE DRESS

GOLDEN SERIES

- ☐ GOLDEN SOFT
- ☐ GOLDEN SERIES 100
- ☐ GOLDEN SERIES 200
- ☐ GOLDEN SERIES 300
- ☐ GOLDEN SERIES 400

CASTING INSTRUCTIONS

- ☐ DON'T LOWER LA L R
- ☐ RAISE LA L R
- ☐ MEDIAL HEEL SKIVE L R
- ☐ PF GROOVE L R

SHELL MODIFICATIONS

- ☐ DEEP HEEL SEAT L R
- ☐ MEDIAL FLANGE L R
- ☐ LATERAL FLANGE L R
- ☐ LATERAL CLIP L R
- ☐ 1ST RAY CUTOUT L R
- ☐ 5TH RAY CUTOUT L R
- ☐ WIDEN ORTHOTICS L R
- ☐ NARROW ORTHOTICS L R
- ☐ HEEL PUNCH L R
- ☐ RIGID MORTON'S L R

ACCOMMODATIONS

- ☐ 2-4METPAD L R
- ☐ MET BAR L R
- ☐ NEUROMA PAD L R
- ☐ NEUROMA PLUG L R
- ☐ DANCER'S PAD L R
- ☐ SCAPHOID PAD L R
- ☐ HEEL CUSHION L R
- ☐ HEEL SPUR PAD L R
- ☐ TOE CREST PAD L R
- ☐ MORTON'S EXT L R
- ☐ CUBOID PAD L R
- ☐ SUEDE BOTTOM COVER L R

ARCH REINFORCEMENT

☐ CORK ☐ EVA ☐ PPT

POSTING:

- ☐ POST TO LAB EVAL
- ☐ NO POST, NEUTRAL SHELL

POST TO THESE VALUES:

REARFOOT	RIGHT	LEFT	FOREFOOT	RIGHT	LEFT
INTRINSIC	☐	☐	INTRINSIC	☐	☐
EXTRINSIC	☐	☐	EXTRINSIC	☐	☐
HEEL LIFT	☐	☐	FOREFOOT POST TO SULCUS	☐	☐

EXTENSION: (FROM DISTAL END OF SHELL)

LENGTH: ☐ SULCUS ☐ TOES

THICKNESS: ☐ 1/16 ☐ 1/8 ☐ 3/16

MATERIALS: ☐ PPT ☐ EVA ☐ ZOTE

TOPCOVER: (FROM HEEL TO)

LENGTH: ☐ METS ☐ SULCUS ☐ TOES

THICKNESS: ☐ 1/16 ☐ 1/8 ☐ 3/16

MATERIALS: ☐ PPT ☐ EVA ☐ ZOTE

SPECIALCOVERING:

VINYL SUEDE	☐	
GLOVE LEATHER	☐	
PERFORATED LEATHER	☐ TAN	☐ BLACK
PPT/PLASTAZOTE (DIABETIC)	☐	
SPENCO BLACK	☐ 1/16	☐ 1/8
UCOLITE	☐ 1/16	☐ 1/8
PLASTAZOTE	☐ 1/16	☐ 1/8
TOPPER	☐ 1/16	☐ 1/8
MULTICOLOR EVA	☐ 1/16	☐ 1/8

COMMENTS

_____

_____

_____

_____

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_____

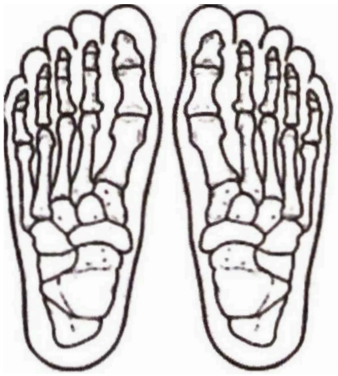
CLINICAL FINDINGS:

	R	L
SUBTALAR INVERS.	☐	☐
SUBTALAR EVERS.	☐	☐
SUBTALAR NEUT.	☐	☐
RESTED CALC.	☐	☐
TIBIAL VA RUM	☐	☐

1ST RAY POSITION:	R	L
NORMAL PLANTAR	☐	☐
FLEXED	☐	☐
DORSIFLEXED	☐	☐
HALLUX DORSTFLEXION:		
NORMAL	☐	☐
SEMI-RIGID	☐	☐
RIGID	☐	☐
ARCH APPEARANCE: (NON-WT. BEARING)		
HIGH ARCH	☐	☐
MEDIUM ARCH	☐	☐
LOW ARCH	☐	☐
ARCHAPPEARANCE: (WT. BEARING)		
HIGH ARCH	☐	☐
MEDIUM ARCH	☐	☐
LOW ARCH	☐	☐

LIMB LENGTH DISCREPANCY:

SHORTER ON: R ☐ L ☐



BALANCE LESIONS AS MARKED ON DIAGRAM PLEASE MARK FOR PROPER PLACEMENT OF ACCOMODATIONS.