

## Prescription Order Form

### 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

### ACCOMMODATIVE

- ACCOMMODATIVE
- FLEX
- PRO-FLEX
- DIABETIC 1
- 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

- 2-4 MET PAD 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 L R
- COVER
- ARCH REINFORCEMENT:
- EVA \_\_\_ PPT \_\_\_ CORK \_\_\_

### POSTING

- POST TO LAB/VAL
- NO POST, NEUTRAL/SHELL
- POST TO THESE VALUES
- REARFOOT      |RIGHT |LEFT
- INTRINSIC      |\_\_\_\_\_|\_\_\_\_\_|
- EXTRINSIC     |\_\_\_\_\_|\_\_\_\_\_|
- HEEL LIFT      |\_\_\_\_\_|\_\_\_\_\_|
- FOREFOOT      |RIGHT |LEFT
- INTRINSIC      |\_\_\_\_\_|\_\_\_\_\_|
- EXTRINSIC     |\_\_\_\_\_|\_\_\_\_\_|
- FOREFOOT POST TO SULCUS |\_\_\_\_\_|\_\_\_\_\_|

### EXTENSION: (FROM DISTAL END OF SHELL)

LENGTH: SULCUS \_\_\_\_\_ TOES \_\_\_\_\_  
 THICKNESS: 1/16 \_\_\_\_\_ 1/8 \_\_\_\_\_ 3/16 \_\_\_\_\_  
 MATERIALS:  
 PPT \_\_\_\_\_ EVA \_\_\_\_\_ PLASTAZOTE \_\_\_\_\_

### TOPCOVER: (FROM HEEL TO)

METS \_\_\_\_\_ SULCUS \_\_\_\_\_ TOES \_\_\_\_\_  
 THICKNESS: 1/16 \_\_\_\_\_ 1/8 \_\_\_\_\_ 3/16 \_\_\_\_\_  
 MATERIALS:  
 PPT \_\_\_\_\_ EVA \_\_\_\_\_ PLASTAZOTE \_\_\_\_\_

### SPECIAL COVERING:

VINYL \_\_\_\_\_  
 SUEDE      TAN \_\_\_\_\_ BLACK \_\_\_\_\_  
 GLOVE LEATHER \_\_\_\_\_  
 PERFORATED \_\_\_\_\_  
 LEATHER \_\_\_\_\_  
 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CLINICAL FINDINGS:

	R	L
SUBTALAR INVERS.	_____	_____
SUBTALAR EVERS.	_____	_____
SUBTALAR NEUT.	_____	_____
RESTED CALC.	_____	_____
TIBIAL VARUM	_____	_____
1ST RAY POSITION:	R	L
NORMAL	_____	_____
PLANTAR FLEXED	_____	_____
DORSIFLEXED	_____	_____
HALLUX		
DORSIFLEXION:		
NORMAL	_____	_____
SEMI-RIGID	_____	_____
RIGID	_____	_____
ARCH APPEARANCE:		
(NON-WT. BEARING)		
HIGH ARCH	_____	_____
MEDIUM ARCH	_____	_____
LOW ARCH	_____	_____
ARCH APPEARANCE:		
(WT. BEARING)		
HIGH ARCH	_____	_____
MEDIUM ARCH	_____	_____
LOW ARCH	_____	_____

### LIMB LENGTH DISCREPANCY:

SHORTER ON      R \_\_\_\_\_ L \_\_\_\_\_



RIGHT                      LEFT

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