



Prescription Order Form

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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
- ☐ 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 ☐ TAN ☐ BLACK
- 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 VA RUM | ☐ | ☐ |

1ST RAY POSITION:

- | | R | L |
|----------------|--------------------------|--------------------------|
| NORMAL PLANTAR | ☐ | ☐ |
| FLEXED | ☐ | ☐ |
| DORSIFLEXED | ☐ | ☐ |

HALLUX

DORSIFLEXION:

- | | R | L |
|------------|--------------------------|--------------------------|
| NORMAL | ☐ | ☐ |
| SEMI-RIGID | ☐ | ☐ |
| RIGID | ☐ | ☐ |

ARCH APPEARANCE:

(NON-WT. BEARING)

- | | R | L |
|-------------|--------------------------|--------------------------|
| HIGH ARCH | ☐ | ☐ |
| MEDIUM ARCH | ☐ | ☐ |
| LOW ARCH | ☐ | ☐ |

ARCHAPPEARANCE:

(WT. BEARING)

- | | R | L |
|-------------|--------------------------|--------------------------|
| 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.