

Prescription Order Form

ACCOUNT INFORMATION

PATIENT INFORMATION

PRACTITIONER: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____

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

RETURN CASTS _____ MAIL TO PATIENT _____

SPORTS

CASTING INSTRUCTIONS

EXTENSION: (FROM DISTAL END OF SHELL:)

CLINICAL FINDINGS:

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

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

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

- SUBTALAR INVERS. R L
- SUBTALAR EVERS. _____
- SUBTALAR NEUT. _____
- RESTED CALC. _____
- TIBIAL VARUM _____

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

TOPCOVER: (FROM HEEL TO:)

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

1ST RAY POSITION: R L

- NORMAL
- PLANTARFLEXED
- DORSIFLEXED

BIOMECHANICAL

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

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

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 _____

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

ACCOMMODATIVE

- ACCOMMODATIVE
- FLEX
- PRO-FLEX
- DIABETIC 1
- DIABETIC 2
- LEATHER MOULD

COMMENTS

FASHION

- FASHION
- DRESS
- COBRA
- GRAPHITE DRESS

ARCH REINFORCEMENT:

EVA _____ PPT _____ CORK _____

POSTING :

- POST TO LAB EVAL
- NO POST, NEUTRAL SHELL

POST TO THESE VALUES:

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

GOLDEN SERIES

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



RIGHT LEFT

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