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PRESCRIPTION FORM

PLEASE COMPLETE FOR FASTER SERVICE

Form Effective October 1, 2014

PATIENT INFORMATION

Name _____

Age Sex Wt. Shoe Size Shoe Type

Occupation _____ Activity Level _____

Symptoms/Diagnosis _____

ACCOUNT INFORMATION

Practice Name/Practitioner _____ Account No. _____


Address _____

City _____ State _____ Zip Code _____

Phone Number _____

SELECT ORTHOTIC TYPE

LAB STANDARD WILL APPLY WHERE ORDER FORM INCOMPLETE

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ULTRALYT
<input type="checkbox"/> XCELA
<input type="checkbox"/> 
<input type="checkbox"/> DURAFlex
<input type="checkbox"/> SUPER\$AVER
<input type="checkbox"/> SUPER\$AVER OUTCOMES
<input type="checkbox"/> ST SUPPORT
<input type="checkbox"/> THE RELIEVER
<input type="checkbox"/> Performers | <p>Functional: 2.6mm composite of polypro, carbon fiber, and fiberglass; fairly rigid; dress or sport- specific shoes</p> <p>Functional: 3mm composite of polypro and fiberglass; fatigue resistant; semi-rigid; dress or sport- specific shoes</p> <p>Functional: white medical grade stress relieved polypro; thickness to patient weight/activity level
 <input type="radio"/> 1/8" <input type="radio"/> 5/32" <input type="radio"/> 3/16" <input type="radio"/> 1/4"</p> <p>Functional: Delrin (engineering plastic) thinner and stronger than polypro
 <input type="radio"/> 2mm <input type="radio"/> 3mm</p> <p>Functional: white stress relieved polypro
 <input type="radio"/> 1/8" <input type="radio"/> 5/32" <input type="radio"/> 3/16" <input type="radio"/> 1/4"
 \$53.99 No accommodations</p> <p>Functional: white stress relieved polypro
 <input type="radio"/> 1/8" <input type="radio"/> 5/32" <input type="radio"/> 3/16" <input type="radio"/> 1/4"
 Biomechanical options</p> <p>Functional: treatment for severe pronation; posted to neutral; 1st met head cutout; reverse Morton's pad; ST pad; EVA topcover</p> <p>Functional: treatment for heel spurs; 3/32" polypro shell; foam arch fill; can be posted; pistoned heel to offload and cushion heel spurs</p> <p>Prefabricated: Acetal shell; full sizes; posts and accommodations available
 Size: Men _____ Women _____
 <input type="radio"/> 2mm <input type="radio"/> 3mm</p> | <input type="checkbox"/> DIABETIC Balancer
<input type="checkbox"/> AEROBICS
<input type="checkbox"/> TOTAL CONTACT ORTHOTIC [TCO]
<input type="checkbox"/> PMB
<input type="checkbox"/> PROCOMFORT
<input type="checkbox"/> EVA/Porozote
<input type="checkbox"/> Cork & Leather
<input type="checkbox"/> Flashstance
<input type="checkbox"/> Hot ~ Shots | <p>Semi-functional: 3/32 polypro shell; deep heel cup; slight medial flange; can post; choice of foam top cover</p> <p>Semi-functional: 3/32" internal polypro shell bonded to 1/4" rigid plastazote; can be posted; any accommodations</p> <p>Semi-functional/accommodative: 1/16" or 3/32" polypro shell bonded to soft or firm EVA; thin Carlton saddle to support arch</p> <p>Accommodative: 3/32" internal polypro shell; soft foam arch fill; more flexible than AEROBICS; any accommodations</p> <p>Accommodative: 1/16" polypro shell bonded to medium firm EVA; sponge cushioning on shell; leather topcover; suede bottom cover</p> <p>Accommodative: Your choice of:
 SHELL: <input type="radio"/> EVA <input type="radio"/> Rigid Plastazote
 COVER: <input type="radio"/> 3/16" Porozote <input type="radio"/> 1/4" Porozote</p> <p>Accommodative: Biocork molded shell to met heads; leather top cover
 <input type="checkbox"/> Extend Shell to Sulcus</p> <p>Women's Dress: 1/8" polyethylene shell; shallow heel; flexible; hourglass shape; intrinsic or extrinsic posting</p> <p>Prefabricated: nylon shell; 9 sizes for men & women; unposted; uncovered
 Men Sz 4 thru 12; Women Sz 6 thru 14
 Size: Men _____ Women _____</p> |
|--|---|--|--|



- | | |
|---|--|
| <input type="checkbox"/> ROBERTS/WHITMAN | Functional Control of Excessive Motion Subtalar & Midtarsal Joint Motion |
| <input type="checkbox"/> GAIT PLATE | Functional Control of In-Toe/Out-Toe Deformity |
| <input type="radio"/> To Stop In-Toeing | |
| <input type="radio"/> To Stop Out-Toeing | |

HEEL STABILIZER

- TYPE A - For Moderate Pronation/Heel Eversion
- TYPE B - For Severe Pronation
- TYPE C - For Extreme Flaccid Foot
- TYPE D - To Stop In-Toeing
- TYPE E - To Stop Out-Toeing

POSTING INSTRUCTIONS

REARFOOT

- Extrinsic Intrinsic No Post
 (3° Post - Lab Std.)
- L _____ ° Varus _____ ° Motion
- R _____ ° Varus _____ ° Motion

FOREFOOT

- To Cast Intrinsic Extrinsic
 (To Cast Intrinsic - Lab Std.)
- L _____ ° Varus _____ ° Valgus
- R _____ ° Varus _____ ° Valgus

- Omit Posting Plate for Decreased Bulk
- Grind Shell Paper Thin for Decreased Bulk
- Heel Rise Left Right Height _____

- Omit Posting Plate for Decreased Bulk
- Medial Support Bar Lateral Support Bar
- Thickness of bar: _____ inch

SUPPLIES

- Prescription Forms
- Adjustment Forms
- Adjustment Mailers
- precisINSURE Insurance Forms

FUR LAB USE ONLY

- Log # _____
- Return Casts Shoes (1) (2)

DESIGN INSTRUCTIONS

- Castwork**
- Widen heel on cast:** 1/16" 1/8" 1/4" 3/8" Other _____ inch
 - Lower arch height:** None 1/16" 1/8" (Lab std) 1/4" 3/8" 1/2"
 - Raise arch height:** 1/16" 1/8" Other _____ inch
 - Medial skive:** Right _____ Left _____ Both _____ mm
 - Invert forefoot:** Right _____ Left _____ Both _____ degrees
 - Pitch orthotic heel:** Right _____ Left _____ Both _____ mm

- Grinding & Shaping**
- Narrow** (Bisect 1 & 5) **Regular** (1 thru 5 - Lab Std.) **Wide** (Full width of foot)
 - Cut out 1st Met head on plate** Right Left Both
 - Cut out 1st Ray on plate** Right Left Both
 - Medial Flange** Slight Regular High Right Left Both
 - Lateral Flange** Slight Regular High Right Left Both
 - Morton's in shell** Right Left Both

- Heel Cup**
- Flat** (4mm) **Shallow** (8mm) **Regular** (12mm - Lab Std.) **Deep** (16mm) **Other** _____ mm
 - Piston Heel** Right Left Both

- Arch Foam Fill** Full foam fill under arch Medium foam fill under arch Slight foam fill under arch





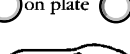


SELECT TOP COVER LENGTH and MATERIAL








- Cover Length** Met Heads (Lab Std.) Sulcus Full
- Cover Material** Vinyl Spenco™ Leather Supplehide EVA Cambrelle Porozote

SELECT EXTENSION MATERIAL and THICKNESS

- Extension Material** Urethane foam Poron Plastazote Porozote Nora Lunairmed Sponge Rubber EVA
- Material Thickness** 1/16" 1/8" 3/16" 1/4" Other _____ inch
- Pad extension only Pad heel to toe
- Suede bottom of orthotic Suede orthotic and extension Suede extension only

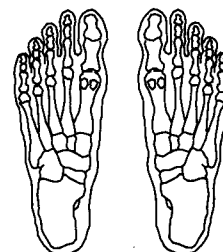
SPECIAL PADDING INSTRUCTIONS

- Heel Pad**
Ease Pain at Heel Strike  Right Left Both
- Heel Spur Pad**
Ease Pain of Heel Spurs  Right Left Both
- Heel Pocket**
Ease Pain of Heel Spurs  Right Left Both
- Metatarsal Pad**
Raise Metatarsal Heads  Right Left Both
 on plate beyond plate cutout as marked
- Metatarsal Bar**
Raise Met Heads/
Support Shafts  Right Left Both
- Dancer's Pad**
Ease Pain of Sesamoiditis  Right Left Both
- Neuroma Pad**
Ease Pressure on Neuroma  Right Left Both

- Toe Crest**
For Hammertoe Deformity  Right Left Both
- Scaphoid Pad**
Additional Arch Support  Right Left Both
- Soft Medial flange**
Medial Arch Cushion  Right Left Both
- Morton's Extension**
Dorsiflexed 1st Ray  Right Left Both
- Reverse Morton's Extension**
Plantarflexed 1st Ray  Right Left Both
- Carlton Saddle**
Support Plantar Fascia/Arch  Right Left Both
- Pocket as Marked**
Forefoot Lesions  Right Left Both

SPECIAL INSTRUCTIONS

Physician's Signature: _____



R

L

Plantar View of the Foot