

PRESCRIPTION ORTHOTIC ORDER FORM

Doctor _____ Address _____ Prescription # _____
 Patient _____ Age _____ Sex _____ Weight _____
 Heel Height _____ Shoe Type _____ Shoe Size _____

ORTHOTIC DEVICES

TOTAL CONTROL SERIES - SUBORTHOLENE

- SPORT - Most Rigid (To Mets)
- SEMI RIGID CONTROL (To Sulcus)
- DRESS (To Sulcus)
- SUPREME SHOCK (To Sulcus)
 - 2mm shell (standard) 3mm shell Reduced Bulk
- AEROBIC (To Sulcus)
- SPECIAL PLATE DESIGNS
 - SHAFFER (medial flange)
 - ROBERTS (medial flange/lateral clip)
 - MODIFIED WHITMAN (medial flange/lateral flanges)
 - GAIT PLATES
 - To Cause In - Toe To Cause Out - Toe
- GRAPHITE TL-2100 (To Mets)
 - Rigid Semi-Rigid Semi-Flexible

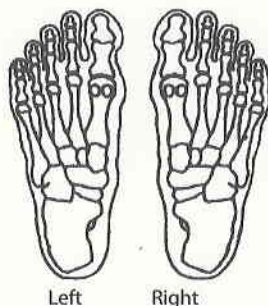
ACCOMMODATIVE ORTHOTICS DEVICES

- Plastazote (To Sulcus)
- Flexible Sports Device (To Mets)
- Cork Device (To Mets)

TOTAL SUPPORT DEVICES

- NICKELPLAST BLUE/WHITE EVA
- 2mm shell (standard) 3mm shell 4mm shell

ADDITIONAL INSTRUCTIONS:



DETAILED PRESCRIPTION SPECIFICATIONS

ADDITIONS & ACCOMMODATIONS

- | | |
|---|---|
| <input type="checkbox"/> EXTENSION SULCUS | <input type="checkbox"/> EXTENSION FULLFOOT |
| <input type="checkbox"/> NARROW CUT (1-5) | |
| <input type="checkbox"/> EXTRA DEEP HEEL CUP <input type="checkbox"/> DEEP HEEL CUP
<input type="checkbox"/> LOW HEEL CUP | |
| <input type="checkbox"/> MEDIAL FLANGE | |
| <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Lateral Flange <input type="checkbox"/> Lateral Clip | |
| HEEL LIFT _____" <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> 1/8" increments | |
| <input type="checkbox"/> 1st Ray Cut Out in Shell <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> ARCH REINFORCEMENT | |
| <input type="checkbox"/> PPT <input type="checkbox"/> Cork <input type="checkbox"/> Crepe <input type="checkbox"/> 2mm Plastic | |

PADDING ACCOMMODATION TO DEVICES

- PADDINGS
- PPT Medium Plastazote P-Cell
- THICKNESS
- 1/16" 1/8" 3/16" 1/4"

ACCOMMODATIONS

- DEPRESSION FOR LESION: Left____ Right____
- Depth 1/16" 1/8" 3/16" 1/4"
- MET PADS MET BARS L R
 Soft Firm 1/16" 1/8" 3/16" 1/4"
- HEEL SPUR PADS L R
 Intrinsic Heel Pad Horseshoe Pad
 Carltaon Type Pad in Heel Only
- MORTON'S EXTENSION L R
 Soft Firm 1/16" 1/8" 3/16" 1/4"
- TOP COVERS
 Vinyl Leather Neoprene Plastazote
 No Topcover Speckle

POSTING INSTRUCTIONS

- | | |
|---|---|
| <input type="checkbox"/> Intrinsic Forefoot | <input type="checkbox"/> Extrinsic Forefoot |
| <input type="checkbox"/> Intrinsic Rearfoot | <input type="checkbox"/> Extrinsic Rearfoot |
| Forefoot: Left Right | Post to Cast |
| Varus | |
| Valgus | |
| Rear Foot: Left Right | |
| Varus | |
| Valgus | |