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Effective December, 2011

DATE SENT TO LAB _____

Scan # _____ Practice Log # _____

PRESCRIPTION FORM

PLEASE COMPLETE FOR FASTER SERVICE

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

Telephone Fax

E-mail _____

SELECT ORTHOTIC TYPE

LAB STANDARD WILL APPLY WHERE ORDER FORM INCOMPLETE

XCELA Functional continuous fiber reinforced composite 2.9mm
 semi-flexible rigid **SELECT ONE ✓**

POLY LINE Functional white polypropylene
 1/8" 5/32" **SELECT ONE ✓**
 3/16" 1/4"

THE RELIEVER Functional heel spur device arch fill, heel pocket and post

PMBS Accomodative polypropylene 3/32" shell with bottom fill

EVA/Porozote Accommodative EVA Shell **SELECT ONE ✓**
 Rigid Plastizote Shell

Flashstance Women's Dress
 1/8" High Density Polyethylene

Hot/Shots Injection molded neutral shells /semi-rigid black nylon /unposted / no topcovers

A sz M4/W6 ___ Set B sz M5/W7 ___ Set C sz M6/W8 ___ Set D sz M7/W9 ___ Set E sz M8/W10 ___ Set
 F sz M9/W11 ___ Set G sz M10/W12 ___ Set H sz M11/W13 ___ Set I sz M12/W14 ___ Set



ROBERTS/WHITMAN Functional Control of Excessive Motion Subtalar & Midtarsal Joint Motion

GAIT PLATE Function Control of In-Toe/Out-Toe Deformity
 To Stop In-Toeing
 To Stop Out-Toeing

ULTRALYT Functional graphite/fiberglass resin composite 1.5mm

DURAFlex Functional Acetal Homopolymer Plate Thickness
 2 mm 3 mm **SELECT ONE ✓**

AEROBICS Semi-functional/accommodative 1/4" rigid plastizote heat bonded to 3/32" polypropylene shell

Cork & Leather Accomodative Biocork Molded Shell
 Fabricated to Met Heads
 Extend Shell to Sulcus

DIABETIC Balancer Low Bulk Accommodative 3/32" Polypro W/ Deep Heel Cup Medial Flange Foam Top Layer

Performers Prefabricated Acetal Shells Plate Thickness
 2 mm 3 mm **SELECT ONE ✓**
 Size ___ Men ___ Women

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

Omit Posting Plate for Decreased Bulk
 Grind Shell PaperThin for Decrease Bulk
 Heel Rise Left Height ___
 Right Height ___

FOREFOOT

To Cast Intrinsic Extrinsic
 (To Cast Intrinsic - Lab Std.)
 L ___ Varus ___ Valgus
 R ___ Varus ___ Valgus
 Omit Posting Plate for Decreased Bulk

SUPPLIES

Prescription Forms
 Adjustment Forms
 Adjustment Mailers
 Prepaid Postage Labels
 precisINSURE Insurance Forms

FOR LAB USE ONLY

Log # _____
 Return Cast:
 Shoes (1) (2)

DESIGN INSTRUCTIONS

Castwork

Widen Heel on Cast: 1/16" 1/8" 1/4" 3/8" _____ Other
 Lower Arch on Cast: None (Type 1) 1/8" (Type 2) 1/4" (Type 3 - Lab Std.) 3/8" (Type 4) 1/2" (Type 5)
 Raise Arch on Cast: 1/16" 1/8" _____ Other Note: _____
 Medial Skive: Right _____ Left _____ Both _____ mm _____
 Pitch: Right _____ Left _____ Both _____ mm _____

Grinding Narrow (Bisect 1st & 5th) Regular (1st & 5th - Lab Std.) Wide (Full Foot Width) Notes: _____

& Shaping

Cut Out 1st Met Head on Plate Right Left Both _____
 Cut Out 1st Ray on Plate Right Left Both _____
 Medial Flange Slight Regular (Lab Std.) High Right Left Both _____
 Lateral Flange Slight Regular (Lab Std.) High Right Left Both _____

Heel Cup Flat (4mm) Shallow (8 mm) Regular (12mm - Lab Std.) Deep (16mm) Other _____ mm

Arch Fill Foam Fill Under Arch on Orthotic Full Medium Slight

SELECT TOP COVER LENGTH/MATERIAL

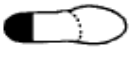











Topcover Length Met Heads (Lab Std.) Sulcus Full Use Template Number _____

Topcover Material Vinyl (Lab Std.) Neoprene (Fabric Bonded) Leather Supplehide (Deep Heel Cup) EVA 1/16 EVA 1/8

SELECT EXTENSION MATERIAL/THICKNESS

Celon (Lab Std.) Natural Sponge Rubber Plastizote Porozote (Celon/plastizote diabetic laminate) Multicolor Ultracloud
 1/16" (Lab Std.) 1/8" 3/16" 1/4" Note: _____
 Pad Extension Only Pad Heel to Toe
 Suede Bottom Extension Suede Bottom Cover (shell) Suede Bottom Heel to Toe Y Sole Vinyl Rigid Plastizote

SPECIAL PADDING INSTRUCTIONS

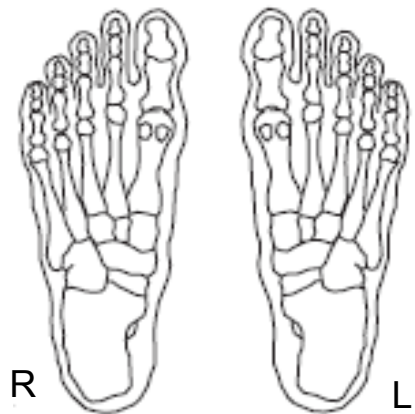
<p><input type="checkbox"/> Heel Pad Ease Pain at Heel Strike  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Heel Spur Pad Ease Pain of Heel Spurs  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Heel Pocket Ease Pain of Heel Spurs  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Metatarsal Pad Raise Metatarsal Heads  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> on plate <input type="checkbox"/> beyond plate <input type="checkbox"/> cutout as marked</p> <p><input type="checkbox"/> Dancer's Pad Ease Pain of Sesamoiditis  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Met Bar Pad Raise Met Heads/ Support Shafts  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p>	<p><input type="checkbox"/> Neuroma Pad Ease Pressure on Neuroma  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Toe Crest For Hammertoe Deformity  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Scaphoid Pad Additional Arch Support  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Morton's Extension Dorsiflexed 1st Ray  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Carlton Saddle Support Plantar Fascia/Arch  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Pocket as Marked Forefoot Lesions  <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p>
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PLEASE MARK YOUR CASTS FOR ACCURATE POCKETING

SPECIAL INSTRUCTIONS

Accommodate as Indicated/Special Instructions :

Physician's signature/Name _____



Plantar View of the Foot

Scan Number _____