



Practitioner _____

ORIGINAL ORTHOTIC # WHEN ORDERING A SECOND PAIR OR CHILD OUTGROWTH _____

Phone # (_____) _____

Patient last name _____

Bill to: _____

Patient first name _____

Date of birth ____ / ____ / ____ Sex M F
MO DA YR

Ship to: _____

Weight _____ lbs Height _____

Shoe size _____

Please fill out this form completely to ensure accurate orthotic fabrication

ORTHOTIC TYPE

- UNITIZED ORTHOTIC
RIGID STANDARD FLEXIBLE
UFO (Cad)
RIGID STANDARD FLEXIBLE
SPORT ORTHOTIC
STANDARD SEMI-FLEXIBLE
STANDARD FLEXIBLE
MOLD Poron Korex
EVA MOLD (No Poly Shell)
DIABETIC ARTHRITIC ORTHOTIC
ACCOMMOTHOTICS™
DBX6
XT SPRINT
DRESS TL 2100 GRAPHITE
With Heel Cup Without Heel Cup
STANDARD TL 2100 GRAPHITE
HH DRESS (High Heel)
NS DRESS (Narrow Shoe)
GAITPLATE
SHAFFER
Use your discretion.
SANDALS/ORTHOTIC

_____ Size
Weight bearing tracing of both feet required in addition to plaster casts

MENS VOLKSWALKER®

Style 6004 Texas Brown

MENS BITE

Granola 6521 Wheat
XTrac 6501 Coffee Black

WOMENS VOLKSWALKER®

Style 5500 Taupe NuBuck Black NuBuck
 Brown NuBuck

Style 2582 Navy NuBuck Black NuBuck

Style 8530 White Leather Sand NuBuck
 Black Leather

Style 554970-7 Camel NuBuck Bone Leather
 Khaki NuBuck

Style 1499 Black Leather

Style 204 Beige NuBuck

Style 6386 Campari

Style 716 Ivory

Style 297-2 Dark Blue

WOMENS BITE

Sunrise 8409b Aztec/Black

Twilight 8401b Sand/Grey/Black

XTrac 8501a Tea/Grey/Black

Granola 8521a Sand

PATIENT HISTORY

- 1. OCCUPATION _____
2. DOES THE PATIENT ENGAGE IN SPORTS?
Specify: _____
3. STREET FOOTWEAR
Laced Oxford Full Boot
Slip-on High Heels/Fashion
Casual Sports Shoe
Pump
Type _____
Heel Height 1" 2" 3"

CHIEF COMPLAINT

EXAMINATION FINDINGS

- 1. FOOT APPEARANCE (Non-weight bearing)
High Arch L/R
Low Arch L/R
Medium Arch L/R
2. FOOT APPEARANCE (Weight bearing)
High Arch L/R
Low Arch L/R
Medium Arch L/R
3. FOOT MOTIONS
Average Loose L/R
Tight L/R Rigid L/R

4. TOE POSITIONS

- Straight L/R Subluxed L/R
Contracted L/R Hav L/R

5. GAIT PATTERN

- In-toe Straight Out-toe

6. LIMB LENGTH DIFFERENCE

L _____ R _____

7. FIRST METATARSAL RAY POSITION

- Normal L/R Plantarflexed L/R
Dorsiflexed L/R

8. FIRST METATARSAL LENGTH

- WNL Short

9. RANGE OF MOTION

- Subtalar Joint
Within normal limits
Loose L/R Restricted L/R
Ankle Dorsiflexion
10° or more L/R 5°-6° L/R
7°-8° L/R 3-4° or less L/R

First Metatarsal Segment

- Flexible L/R Semi-Rigid L/R
Rigid L/R Hypermobile

Hallux Dorsiflexion

- 65° L/R 25° L/R
45° L/R None L/R
FHL (Limited dorsiflexion on weight bearing)

10. LOCATION OF CORNS/ CALLUSES

L _____

R _____

11. OTHER COMPLAINTS

- Leg Knee Hip Back

Explain:

Please fill out reverse side

YOUR DIAGNOSIS

MEASUREMENTS

If you take measurements place values below

	LEFT		RIGHT
Subtalar	____° Varus <input type="checkbox"/>		____° Varus <input type="checkbox"/>
	____° Varus <input type="checkbox"/>		____° Varus <input type="checkbox"/>
Forefoot	____° Valgus <input type="checkbox"/>		____° Valgus <input type="checkbox"/>
Tibial Varum	_____°		_____°

POSTING INSTRUCTIONS

Use your discretion and post according to laboratory evaluation of data and positive models.

No Posts - Neutral shells only.

Post these values instead:

	LEFT		RIGHT
Rearfoot	____° Varus <input type="checkbox"/>		____° Varus <input type="checkbox"/>
	____° Varus <input type="checkbox"/>		____° Varus <input type="checkbox"/>
Forefoot	____° Valgus <input type="checkbox"/>		____° Valgus <input type="checkbox"/>

RF Posting

Extrinsic Intrinsic

FF Posting

Extrinsic Intrinsic

2 - 5 1/8 Bar with 1st cutout.

1st met. cutout

Medial Heel Skive

USE FOR ADDITIONAL INFORMATION

WIDTH

Narrow cut to fit dress shoes

Wide cut

ADDITIONS

Heel Raise
Left _____ amount Right _____ amount

Deep Heel Seat
 LT RT Both

Heel Pad
 LT RT Both

Heel Spur Accommodation
 LT RT Both

Met Pads Thin Met Pads
 LT RT Both

PMP (Plantar Met Pad)
 LT RT Both

Mortons Extension
 LT RT Both

Reverse Mortons Ext.
 LT RT Both

Functional Hallux Limitus Accommodation
 LT RT Both

Heel Aperature

Flange Medial Lateral

Heel Spur

Shaffer cut

Other _____
 LT RT Both

TOP COVERS (Check One) from Heels

To Sulcus to Toes

To Met Heads

No Covers

MATERIALS

1/8" Poron & Vinyl

1/16" Poron & Vinyl

Puff 1/8" 1/16"

1/8" Spenco

1/16" Lunasoft Black Quattro

Other _____

ADDING EXTENSIONS

(All extensions must have top covers.)

Mets To Sulcus Mets to Toes

MATERIALS

1/8" 1/16" Poron Luna Soft

Other _____

PLEASE SEND

Order Forms Address Labels

DOC™ (Digital Orthosis Compound)

Foam Impressions (6)

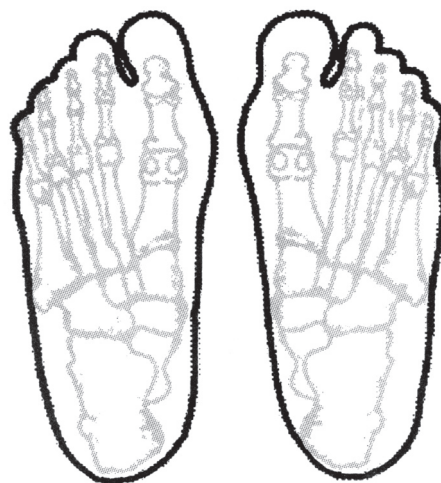
Poron - each strip measures 4" x 42"
____ strips of 1/16" Tan Black

____ strips of 1/8" Tan Black

Vinyl - simulated leather
____ strips 4"x42" Tan Black

USE FOR ADDITIONAL INFORMATION

Please use diagram to indicate where accommodations are needed.



R Plantar View **L**

■ Accommodation Required _____
