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FORM

**Paragon**  
ORTHOTIC LABORATORY

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Practitioner \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Bill to: \_\_\_\_\_

Ship to: \_\_\_\_\_

ORIGINAL ORTHOTIC # WHEN ORDERING A SECOND PAIR OR CHILD OUTGROWTH

Patient last name \_\_\_\_\_

Patient first name \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  M  F  
MO DA YR

Weight \_\_\_\_\_ lbs Height \_\_\_\_\_

Shoe size \_\_\_\_\_

Please fill out this form completely to ensure accurate orthotic fabrication

**ORTHOTIC TYPE**

- DIRECT MILL**  
 RIGID  STANDARD  FLEXIBLE
- SPORT ORTHOTIC**
- PRO SPORT**
- STANDARD ORTHOTIC**
- MOLD**  Poron  Korex
- EVA MOLD** (No Poly Shell)
- DIABETIC ARTHRITIC ORTHOTIC**
- ELITE RX**
- XT SPRINT**
- CLASSIC DRESS™**
- DRESS FLEX** (HIGH HEEL)
- COBRA**
- GAITPLATE**  
 PROMOTE IN TOEING  
 PROMOTE OUT TOEING
- ROBERT WHITMAN**
- UCBL**
- Use your discretion.

**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

**EXAMINATION FINDINGS**

1. **FOOT APPEARANCE**  
(Non-weight bearing)  
 High Arch  
 Medium Arch  
 Low Arch
2. **FOOT APPEARANCE**  
(Weight bearing)  
 High Arch  
 Medium Arch  
 Low Arch
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHIEF COMPLAINT**

Please fill out reverse side

**YOUR DIAGNOSIS**

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**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"/>
	___ ° Valgus <input type="checkbox"/>	___ ° Valgus <input type="checkbox"/>
Forefoot	___ ° Varus <input type="checkbox"/>	___ ° Varus <input type="checkbox"/>
	___ ° 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

Minimum Archfill

Maximum Archfill

**USE FOR ADDITIONAL INFORMATION**

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**WIDTH**

- Narrow** cut to fit dress shoes
- Wide cut

**ADDITIONS**

- Heel Raise  
Left \_\_\_\_\_ Right \_\_\_\_\_
- Deep Heel Seat  
 LT    RT    Both
- Shallow Heel Cup  
 LT    RT    Both
- Heel Pad    Thin Heel Pad  
 LT    RT    Both
- Heel Spur Accommodation  
 LT    RT    Both
- Met Pads    Thin Met Pads  
 LT    RT    Both
- PMP Pad    Thin PMP Pad  
 LT    RT    Both
- Mortons Extension  
 LT    RT    Both
- Reverse Mortons Ext.  
 LT    RT    Both
- Functional Hallux Limitus Accommodation  
 LT    RT    Both
- Heel Aperture
- Flange    Medial    Lateral
- Shaffer cut
- Dancers pad
- 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
- 1/8" Plastazote
- Spenco     1/8"    1/16"
- 1/16" Lunasoft    Black    Quattro
- Orange Swirl    Blue Swirl    Pink Swirl
- 1/8" Ultracloud
- 1/16" Micro-suede \_\_\_\_\_ Colour
- Other \_\_\_\_\_

**ADDING EXTENSIONS**

(All extensions must have top covers.)

**Mets** To Sulcus    **Mets** to Toes

**MATERIALS**

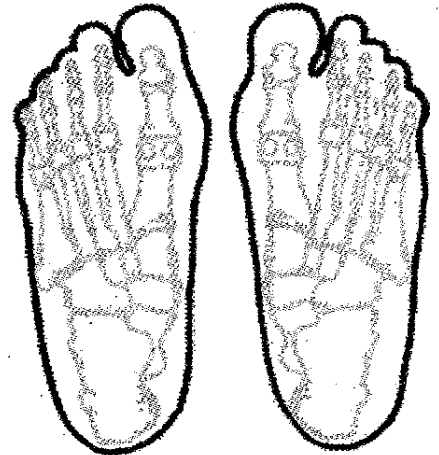
- 1/8"    1/16"    Poron    Luna Soft
- Distal Strip
- Planter Vinyl Extension
- 1/16" Planter Micro-suede
- Other \_\_\_\_\_

**PLEASE SEND**

- Rx Forms
- Address Labels
- Foam Impressions (6)
- Poron - each strip measures 4" x 42"  
\_\_\_ strips of 1/16"    Tan    Black
- \_\_\_ strips of 1/8"    Tan    Black
- Vinyl  
\_\_\_ strips 4"x42"    Tan    Black

**USE FOR ADDITIONAL INFORMATION**

Please use diagram to indicate where accommodations are needed.



**R** Plantar View    **L**  
■ Accommodation Required \_\_\_\_\_

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