

PRESCRIBER

DATE _____
Name/Rx: _____
Address _____

PATIENT INFORMATION REPEAT

Name _____
Sex _____ Weight _____ lbs. D.O.B. _____ Age _____
Shoe Size _____ Shoe Type _____
Diagnosis _____

ORTHOTIC TYPE & SHELLS

FUNCTIONAL – Standard / Low / Full
 SPORT – Impact / SOS / Golf
 ACCOMMODATIVE – Gentle
 DIABETIC
 DRESS
 Women's Flat Cup
 With heel hole Tres Chic
 Men's
 Roberts Whitman met full
 UCBL met full
 Children's gait plate

Custom Shell
 Direct Milled CAD
 Polypro _____ mm*
** 2 – 6 mm in .5 mm increments*
 Vacuum Pressed over positive mold
 White polypro 2mm
 Black polypro
 3mm 4mm 4.5mm
 EVA Black
 35 w Rubberflex 55 w Rhenoflex
 Rhenoflex Shell

ADDITIONS

Heel plugs *poron* 3mm 6 mm L / R
 with hole
 Met pads sm med lrg L / R
 Poron *circle* 3 4 5 7 10 mm
 Met bar L / R
 Hallux Rigidus Splint polypro Ext. L / R
 Morton's extension 3mm EVA L / R
 Reverse Morton's Extension L / R
 2-5 bar 3mm EVA L / R
 Cuboid pad L / R
 Kinetic wedge L / R
 Heel lift _____ mm L / R
 Lateral arch fill L / R
 Horseshoe spur L / R
 Scaphoid Pad L / R
 Neuroma pad Web space _____ L _____ R
 Met cutouts fill with poron
1 2 3 4 5 L 1 2 3 4 5 R

TOP COVERS

Leather
 Black Brown Natural
 Micro suede
 Black Tan
 Neoprene
 Nyplex 1 mm
 P-Cell
 1.5mm 3mm
 Vinyl/UltraHyde
 V-Phoam
 Black 1.5mm
 Blue 3 mm
 Purple 4 mm
 Red
 Pink/Purple
 Camo

COMBINE WITH ABOVE

Nyplex 1.5 mm
 Poron 3 mm
 Re Koil
LENGTH to met
 to sulcus to toes

CAST DRESSING
o min o med o max o _____

SHELL MODIFICATIONS

heel cup depth (mm) *circle*
0 – 5 – 10 – 12 – 14 – 16 – 18 – 20 – 26
other: _____ L / R

Shell width wide narrow L / R
 Flange medial lateral soft L / R
 Fascial accommodation L / R
 Navicular/cuneiform sweet spot L / R
 1st ray cut-out L / R

ARCH FILL MATERIALS

ReKoil Poron
 Nyplex P-Cell
 Birko Cork
 EVA 35 55

POSTING

Neutral shell only (*default*)
 post to these measurements (*please indicate type*)
Rearfoot L _____° varus/valgus R _____° varus/valgus
Forefoot L _____° varus/valgus R _____° varus/valgus

L _____ mm Skive R _____ mm Skive
 L _____° Inverted R _____° Inverted
 _____ mm wedge medial lateral L / R

TYPE OF POST

RF extrinsic direct milled
 intrinsic EVA
FF intrinsic to sulcus (*default*)
 extrinsic tip post

Post according to Lab

FOREFOOT EXTENSIONS

Poron Nyplex
 EVA Re Koil

THICKNESS
 1.5 mm 3 mm

LENGTH
 to sulcus to toes

BOTTOM COVERS

Vinyl
 EVA 1mm
 Black Beige

LENGTH
 Full forefoot only

SPECIAL INSTRUCTIONS

