ORTHOTIC CONCEPT

Orthotic Concept Inc.

3400 14th Avenue, Unit 7, Markham, Ontario, L3R0H7

For Laboratory Use Only

Orthotics Prescription Form

PRACTITIONER/CLINIC INFORMATION

Practitioner/Clinic Name: _____

Address: _____

Phone: _____

PATIENT INFORMATION

Surname: _____ First Name: _____

Sex: _____ Weight: _____ Age: _____ Size:_____

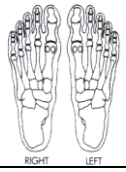
Occupation: _____

EXAMINATION FINDINGS AND ORTHOTIC INSTRUCTION

Types of Orthotics

- ☐ Casual
- ☐ Concept Sport
- ☐ Sport Orthotic
- ☐ Diabetic
- ☐ EVA
- ☐ Sandal Orthotic
- ☐ Dress Flat
- ☐ Dress (Heel Cup)
- ☐ TL 2100
- ☐ Children Standard
- ☐ UCBL (To Met)

Plantar View - Diagnosis & Special Instructions



_____
_____
_____
_____

Cast Dressing

- ☐ Min Fil
- ☐ Mod Fill
- ☐ Max Fill

Order Information

- ☐ Full Length
- ☐ Sulcus
- ☐ ¾ (to Mets)
- ☐ Two Pairs
- ☐ Rush Order ($25 additional charge)
- ☐ Repeat Order from the cast on file# _____
- ☐ Repair/Adjustments ($40 charge may apply)

Shell Material and Length

Shell Quality

- ☐ Co-Polymer
- ☐ PolyPro
- ☐ Carbon Flex

Shell Thickness

- ☐ 1 mm
- ☐ 2mm
- ☐ 2mm
- ☐ 3mm
- ☐ 3mm
- ☐ 3mm

Forefoot Post

	LEFT			RIGHT		
Intrinsic	____ ° Varus	____ ° Valgus	____Neutral	____ ° Varus	____ ° Valgus	____Neutral
Extrinsic	____ ° Varus	____ ° Valgus	____Neutral	____ ° Varus	____ ° Valgus	____Neutral

Rearfoot Post

	LEFT			RIGHT		
Intrinsic	____ ° Varus	____ ° Valgus	____Neutral	____ ° Varus	____ ° Valgus	____Neutral
Extrinsic	____ ° Varus	____ ° Valgus	____Neutral	____ ° Varus	____ ° Valgus	____Neutral
Heel Lift	_____ mm			_____ mm		

Arch Fill ☐ Soft (20 Duro EVA) ☐ Medium (35 Duro EVA) ☐ Firm (65 Duro EVA)

Special Request:

Mid Layer

	1/16"	1/8"
Blue Poron	☐	☐
Red Nora	☐	☐
Plastazote	☐	☐

Top Cover

- ☐ Vinyl Black
- ☐ 1/16" Black Spenco/Neolon - Blue/Black
- ☐ 1/16" Plastazote
- ☐ 1/8" Plastazote
- ☐ 1/16" Perforated Nora
- ☐ 5/32" Spenco/Neolon – Blue/Black
- ☐ Multi-Colour (Boy)
- ☐ Multi-Colour (Girl)
- ☐ Leather
- ☐ 1/16" Puff
- ☐ 1/16" Neolon ETC Blue
- ☐ 1/8" Neolon ETC Blue

ACCOMODATIONS

Grinding Additions

	LEFT	RIGHT
1st Metatarsal Cut Out	☐	☐
Narrow Grind	☐	☐
Heel Cut Out	☐	☐

Deep Heel Cup ☐18mm ☐20mm ☐22mm

Arch Pad

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Placement: _____

Heel Cushion

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Placement: _____

Heel Spur Pad

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Placement: _____

Metatarsal Pad

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐
1/4"	☐	☐

Placements: _____

Morton's Extension

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐

Placement:_____

Reverse Morton's Extension

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐

Placement: _____

PMP

	LEFT	RIGHT
1/16"	☐	☐
1/8"	☐	☐

Placement: _____

Footwear Order

- ☐ Enclosed Patient's Shoes
- ☐ Footwear only

	Style Name	Size/Width	Colour
First footwear selection:			
Second footwear selection			