



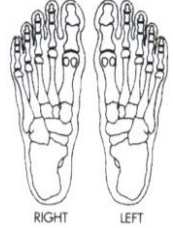
# Orthotic Concept Inc.

3400 Fourteenth Ave Unit 7  
 Markham ON L3R 0H7  
 Tel: 905-604-3035 Fax: 905-604-3735  
 Email: orthoticconcept@yahoo.com  
 Website: www.orthoticconcept.com

For Laboratory Use Only  
 Sales Order #  
 Rec. Date:  
 Ship Date:

## Orthotics Prescription Form

PRACTITIONER/CLINIC INFORMATION	PATIENT INFORMATION
Practitioner/Clinic Name: _____	Surname: _____ First Name: _____
Address: _____	Sex: _____ Weight: _____ Age: _____ Size: _____
Phone: _____	Occupation: _____

EXAMINATION FINDINGS AND SPECIAL INSTRUCTION			
<b>Arch Height</b> <u>Non-Weight Bearing</u> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> <u>Weight Bearing</u> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>  <b>Subtalar Joint</b> Subtalar Inversion _____° Subtalar Eversion _____°  <b>Subtalar Neutral</b> _____° Varus  <b>Forefoot</b> _____° Valgus _____° Varus  <b>Neutral Calcaneal</b> _____° Valgus  <b>Relaxed Calcaneal Stance</b> _____° Varus _____° Valgus	<b>Ankle Dorsiflexion</b> Adequate <input type="checkbox"/> Limited <input type="checkbox"/>  <b>Toe Position</b> Straight <input type="checkbox"/> Subluxed <input type="checkbox"/> Contracted <input type="checkbox"/> HAV <input type="checkbox"/>  <b>1<sup>st</sup> Metatarsal Segment</b> Rigid <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Flexible <input type="checkbox"/>  <b>Gait Position</b> <input type="checkbox"/> In-Toe <input type="checkbox"/> Straight <input type="checkbox"/> Out-Toe  <b>Leg Length Discrepancy</b> _____	 <p style="text-align: center;">RIGHT LEFT</p> <p style="text-align: center;">Plantar View - Diagnosis &amp; Special Instructions</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

ORTHOTIC INSTRUCTION
<b>Types of Orthotics</b> <input type="checkbox"/> Casual <input type="checkbox"/> Concept Sport <input type="checkbox"/> Dress Flat <input type="checkbox"/> Diabetic <input type="checkbox"/> Metatarsalgia <input type="checkbox"/> In-Toe Gait Plate <input type="checkbox"/> Concept Flexible <input type="checkbox"/> Concept Pediatric <input type="checkbox"/> Dress (Heel Cup) <input type="checkbox"/> EVA <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Out-Toe Gait Plate <input type="checkbox"/> Sport Orthotic <input type="checkbox"/> Sandal Orthotic <input type="checkbox"/> TL 2100 <input type="checkbox"/> Concept Soft <input type="checkbox"/> Achilles Tendonitis <input type="checkbox"/> Children Standard <input type="checkbox"/> Hallux Limitus <input type="checkbox"/> UCBL (To Met)

<b>Cast Dressing</b> <input type="checkbox"/> Min Fill <input type="checkbox"/> Mod Fill <input type="checkbox"/> Max Fill Medial Skive LT _____ mm RT _____ mm
---

<b>Order Information</b> <input type="checkbox"/> Full Length <input type="checkbox"/> Two Pairs <input type="checkbox"/> Sulcus <input type="checkbox"/> Rush Order (\$25 additional charge) <input type="checkbox"/> ¾ (to Mets) <input type="checkbox"/> Repeat Order from the cast on file# _____ <input type="checkbox"/> Repair/Adjustments (\$35 charge may apply)	<b>Supplies Request</b> <input type="checkbox"/> Foam Box: <input type="checkbox"/> 10 for \$40 <input type="checkbox"/> 20 for \$80 <input type="checkbox"/> 50 for \$189 <input type="checkbox"/> Prescription Forms
---	--

<b>Shell Material and Length</b> <b>Shell Quality</b> <input type="checkbox"/> Co-Polymer <input type="checkbox"/> PolyPro <input type="checkbox"/> Carbon Flex	<b>Shell Thickness</b> <input type="checkbox"/> 1 mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 1 mm <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm
---	--

<b>Forefoot Post</b> <b>LEFT</b> Intrinsic _____° Varus _____° Valgus _____ Neutral Extrinsic _____° Varus _____° Valgus _____ Neutral	<b>RIGHT</b> Intrinsic _____° Varus _____° Valgus _____ Neutral Extrinsic _____° Varus _____° Valgus _____ Neutral
---	--

<b>Rearfoot Post</b> <b>LEFT</b> Intrinsic _____° Varus _____° Valgus _____ Neutral Extrinsic _____° Varus _____° Valgus _____ Neutral Heel Lift _____ mm	<b>RIGHT</b> Intrinsic _____° Varus _____° Valgus _____ Neutral Extrinsic _____° Varus _____° Valgus _____ Neutral Heel Lift _____ mm
---	--

Arch Fill <input type="checkbox"/> Soft (20 Duro EVA) <input type="checkbox"/> Medium (35 Duro EVA) <input type="checkbox"/> Firm (65 Duro EVA) Special Request: _____
---

<b>Mid Layer</b> Blue Poron <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" Red Nora <input type="checkbox"/> <input type="checkbox"/> Plastazote <input type="checkbox"/> <input type="checkbox"/>	<b>Top Cover</b> <input type="checkbox"/> Vinyl Black <input type="checkbox"/> Perforated Nora <input type="checkbox"/> Leather <input type="checkbox"/> 1/16" Black Spenco/Neolon - Blue/Black <input type="checkbox"/> 5/32" Spenco/Neolon - Blue/Black <input type="checkbox"/> 1/16" Puff <input type="checkbox"/> Plastazote <input type="checkbox"/> Multi-Colour <input type="checkbox"/> 1/16" Neolon ETC Blue  Other: _____	
---	---	--

### ACCOMODATIONS

<b>Grinding Additions</b> 1 <sup>st</sup> Metatarsal Cut Out <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Narrow Grind <input type="checkbox"/> Heel Cut Out <input type="checkbox"/> Wide Cut <input type="checkbox"/> Deep Heel Cup <input type="checkbox"/> 18mm <input type="checkbox"/> 20mm <input type="checkbox"/> 22mm	<b>Arch Pad</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> Placement: _____	<b>Heel Cushion</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> Placement: _____	<b>Heel Spur Pad</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> Placement: _____
--	---	---	--

<b>Metatarsal Pad</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> Placements: _____	<b>Morton's Extension</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> Placement: _____	<b>Reverse Morton's Extension</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> Placement: _____	<b>PMP</b> 1/16" <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 1/8" <input type="checkbox"/> Placement: _____
--	--	--	---

<b>Footwear Order</b> <input type="checkbox"/> Enclosed Patient's Shoes <input type="checkbox"/> Footwear only First footwear selection: _____  Second footwear selection: _____	Style Name _____ Size/Width _____ Colour _____
---	--