

# CUSTOM PRO ORTHOTICS PRESCRIPTION FORM



## SECTION 1: DETAILS

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Delivery address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### LAB USE ONLY

Lab No: \_\_\_\_\_

Lab Due Date: \_\_\_\_\_

**EXPRESS Service:**

## SECTION 1: ORTHOTIC SHELL DENSITY (EVA)

- Soft (White):
- Mid (Blue):
- Firm (Green):
- Sports Dual (Blue/Green):
- Paediatric Mid (Multicolour):

## SECTION 2: SHELL SHAPE

- 2/3 Length:  L  R
- Full Length:  L  R
- Dress Style 2/3 Length (lateral skive):  L  R
- Dress Style Full Length (lateral skive):  L  R
- High Heel (mid density Black/Grey):  L  R
- High Flange (Paeds only):  L  R

## SECTION 3: ORTHOTIC SIZE

- Infant  Junior  Large
- Toddler  XSmall  X Large
- Kids  Small  XX Large
- Small Junior  Medium

## SECTION 4: REARFOOT MODIFICATIONS

- |                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
|                             | <b>L</b>                 | <b>R</b>                 |
| Rearfoot Varus Wedge (>5°): | — °                      | — °                      |
| Rearfoot Valgus Wedge:      | — °                      | — °                      |
| Heel Raise:                 | — mm                     | — mm                     |
| Heel Aperture:              | <input type="checkbox"/> | <input type="checkbox"/> |
| Horse Shoe Deflection:      | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 5: MIDFOOT MODIFICATIONS

- |                         |   |                          |                          |
|-------------------------|---|--------------------------|--------------------------|
|                         |   | <b>L</b>                 | <b>R</b>                 |
| Arch Block:             | <input type="checkbox"/> Soft <input type="checkbox"/> Firm | <input type="checkbox"/> | <input type="checkbox"/> |
| Plantar Fascial Groove: |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medial Flange:          | <input type="checkbox"/> Soft <input type="checkbox"/> Firm | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 9: SPECIAL INSTRUCTIONS

## SECTION 6: FOREFOOT MODIFICATIONS

- |                         |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
|                         | <b>L</b>  | <b>R</b>  |   |   |   |   |   |   |   |   |   |   |
| 2 - 5 Bar:              | <input type="checkbox"/>  | <input type="checkbox"/>                                    |   |   |   |   |   |   |   |   |   |   |
| Metatarsal Domes:       | <input type="checkbox"/> Soft <input type="checkbox"/> Firm   | <input type="checkbox"/> Soft <input type="checkbox"/> Firm |   |   |   |   |   |   |   |   |   |   |
| Met Dome Position:      | <table border="1" style="font-size: small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> | 1   | 2 | 3 | 4 | 5 | <table border="1" style="font-size: small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> | 1 | 2 | 3 | 4 | 5 |
| 1                       | 2   | 3   | 4 | 5 |   |   |   |   |   |   |   |   |
| 1                       | 2   | 3   | 4 | 5 |   |   |   |   |   |   |   |   |
| Deflections (Mets):     | <table border="1" style="font-size: small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> | 1   | 2 | 3 | 4 | 5 | <table border="1" style="font-size: small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> | 1 | 2 | 3 | 4 | 5 |
| 1                       | 2   | 3   | 4 | 5 |   |   |   |   |   |   |   |   |
| 1                       | 2   | 3   | 4 | 5 |   |   |   |   |   |   |   |   |
| Plantar Flexed 1st Ray: | <input type="checkbox"/>  | <input type="checkbox"/>                                    |   |   |   |   |   |   |   |   |   |   |
| Forefoot Valgus:        | — °   | — °   |   |   |   |   |   |   |   |   |   |   |
| Forefoot Varus:         | — °   | — °   |   |   |   |   |   |   |   |   |   |   |
| Mortons Extension:      | <input type="checkbox"/>  | <input type="checkbox"/>                                    |   |   |   |   |   |   |   |   |   |   |
| Inversion Ramp:         | — °   | — °   |   |   |   |   |   |   |   |   |   |   |
| Eversion Ramp:          | — °   | — °   |   |   |   |   |   |   |   |   |   |   |
| In-Toe Gait Plate:      | <input type="checkbox"/>  | <input type="checkbox"/>                                    |   |   |   |   |   |   |   |   |   |   |
| Out-Toe Gait Plate:     | <input type="checkbox"/>  | <input type="checkbox"/>                                    |   |   |   |   |   |   |   |   |   |   |
| Forefoot Cushioning:    | <input type="checkbox"/> 1.6 mm <input type="checkbox"/> 3.2mm  | <input type="checkbox"/> <input type="checkbox"/>           |   |   |   |   |   |   |   |   |   |   |

## SECTION 7: FIT MODIFICATIONS (pair)

- Heel Cup Height (reduce to): 5mm:  10mm:
- Medial Arch Taper:
- Rearfoot Taper:
- Lateral Skive:

## SECTION 8: TOP COVER (pair)

- Personalised logo:
- VINYL:** Black | Blue | Purple | Beige | Green | Yellow | Red | Pink
- Poron:**  1.6mm  3.2mm
- Spenco:**  1.5mm  3mm
- MULTIFORM (2mm):**
  - Blue/White (BW)  Green/Blue/Yellow (GBY)
  - Multicolour (MT)  Black/Purple (BP)
  - Black (BK)  Red/Green/Purple (RGP)
  - Blue (BU)  Green/Blue/Black (GBB)
- Leather:** Beige

Return via email to: info@icblaboratory.com