

CUSTOM PRO ORTHOTICS PRESCRIPTION FORM



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

- Rearfoot Varus Wedge (>5°): L R
- Rearfoot Valgus Wedge: L R
- Heel Raise: _____ mm L R
- Heel Aperture: L R
- Horse Shoe Deflection: L R

SECTION 5: MIDFOOT MODIFICATIONS

- Arch Block: Soft Firm L R
- Plantar Fascial Groove: L R
- Medial Flange: Soft Firm L R

SECTION 9: SPECIAL INSTRUCTIONS

SECTION 6: FOREFOOT MODIFICATIONS

- 2 - 5 Bar: L R
- Metatarsal Domes: Soft Firm SML LGE SML LGE
- Met Dome Position:

1	2	3	4	5
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1	2	3	4	5
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- Deflections (Mets):

1	2	3	4	5
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1	2	3	4	5
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- Plantar Flexed 1st Ray: L R
- Forefoot Valgus: L R
- Forefoot Varus: L R
- Mortons Extension: L R
- Inversion Ramp: L R
- Eversion Ramp: L R
- In-Toe Gait Plate: L R
- Out-Toe Gait Plate: L R
- Forefoot Cushioning: 1.6 mm 3.2mm L R

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