

# 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):  $2/3$  & Full Length only
- Mid (Blue):  $2/3$ , Full Length & High Heel
- Firm (Green):  $2/3$  & Full Length only
- Sports Dual (Blue/Green):  $2/3$ , Full Length & Dress Styles
- Paediatric Mid (Multicolour):  $2/3$ , Full Length & High Flange

## 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

- |                   |                                       |                                 |                                   |
|-------------------|---------------------------------------|---------------------------------|-----------------------------------|
| Paeds Multicolour | <input type="checkbox"/> Infant       | <input type="checkbox"/> Junior | <input type="checkbox"/> Large    |
|                   | <input type="checkbox"/> Toddler      | <input type="checkbox"/> XSmall | <input type="checkbox"/> X Large  |
|                   | <input type="checkbox"/> Kids         | <input type="checkbox"/> Small  | <input type="checkbox"/> XX Large |
|                   | <input type="checkbox"/> Small Junior | <input type="checkbox"/> Medium |                                   |

## SECTION 4: REARFOOT MODIFICATIONS

- |                             | L                        | R                        |
|-----------------------------|--------------------------|--------------------------|
| 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

- |                         |                                                             | L                        | R                        |
|-------------------------|-------------------------------------------------------------|--------------------------|--------------------------|
| 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

- |                         | L                                                                                     | R                                                              |   |   |   |   |                                                                                       |   |   |   |   |   |
|-------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|---|---|---|---|---------------------------------------------------------------------------------------|---|---|---|---|---|
| 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:      | <input type="checkbox"/> SML <input type="checkbox"/> LGE                             | <input type="checkbox"/> SML <input type="checkbox"/> LGE      |   |   |   |   |                                                                                       |   |   |   |   |   |
| Deflections (Mets):     | <table border="1"><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"><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"/> 1.6 mm <input type="checkbox"/> 3.2mm |   |   |   |   |                                                                                       |   |   |   |   |   |

## SECTION 7: FIT MODIFICATIONS (pair)

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

## 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