







CUSTOM FOOT ORTHOTIC PRESCRIPTION FORM

Patient Information	Health Practitioner Information
Name: _____ Shoe Size: _____ Age: _____ Gender: M / F Height: _____ Weight: _____ Symptoms: _____ _____	Name: _____ Address: _____ Phone #: _____ Diagnosis: _____

Type of Orthotic							
Children's Orthotics	<input type="checkbox"/> Gait Plate (force toe out)	<input type="checkbox"/> Gait Plate (force toe in)	<input type="checkbox"/> Shaffer Plate	<input type="checkbox"/> Robert Whitman			
SIMS Sports	<input type="checkbox"/> Standard (rigid)	<input type="checkbox"/> Aerobic	<input type="checkbox"/> High Impact	<input type="checkbox"/> Skate/Ski			
SIMS Flex-It	<input type="checkbox"/> Flex-It 3mm (semi-flex)	<input type="checkbox"/> Flex-It 4mm (semi-rigid)	<input type="checkbox"/> Flex-It 5mm (rigid)	<input type="checkbox"/> UCBL			
SIMS Fashion	<input type="checkbox"/> High Heel (1mm)	<input type="checkbox"/> High Heel (2mm)	<input type="checkbox"/> High Heel (3mm)	<input type="checkbox"/> Synergy			
SIMS Accommodative	<input type="checkbox"/> Heel Spur Orthotic	<input type="checkbox"/> EVA (dual-density)	<input type="checkbox"/> Cork	<input type="checkbox"/> Diabetic			
SIMS Sandal	<input type="checkbox"/> Cork Sandal	<input type="checkbox"/> Polypropylene Sandal	<input type="checkbox"/> EVA Sandal	<input type="checkbox"/> Soleflex (suede)			
Additions & Modifications							
Cover to:	<input type="checkbox"/> Met Heads		<input type="checkbox"/> Sulcus		<input type="checkbox"/> Full Length		
Cover With	<input type="checkbox"/> Vinyl Only	<input type="checkbox"/> EVALite <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"	<input type="checkbox"/> Nylplex / EVA & Vinyl <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"	<input type="checkbox"/> P-cell with vinyl <input type="checkbox"/> P-cell only	<input type="checkbox"/> Poron <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"	<input type="checkbox"/> Spenco/Sofsponge	<input type="checkbox"/> Leather (\$\$ extra)
Forefoot Extensions	<input type="checkbox"/> EVALite <input type="checkbox"/> sulcus <input type="checkbox"/> full <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"		<input type="checkbox"/> Poron (\$\$ extra) <input type="checkbox"/> sulcus <input type="checkbox"/> full <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"		<input type="checkbox"/> Plastazote <input type="checkbox"/> sulcus <input type="checkbox"/> full <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"		
Arch Reinforcements	<input type="checkbox"/> Cork	<input type="checkbox"/> EVALite	<input type="checkbox"/> Other (may specify durometer): _____				
Additions	<input type="checkbox"/> Deep heel seat mm (R) mm (L)		<input type="checkbox"/> Lateral clip	<input type="checkbox"/> Heel Raise (Right) <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"		<input type="checkbox"/> Heel Raise (Left) <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"	
Modifications	<input type="checkbox"/> Metatarsal Pad R / L		<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large		
	<input type="checkbox"/> Anatomic Met Bar R / L		<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large		
Indicate Lesions			<input type="checkbox"/> Heel Cushion		<input type="checkbox"/> Left	<input type="checkbox"/> Right	
			<input type="checkbox"/> Heel Cushion with Centre Pocket		<input type="checkbox"/> Left	<input type="checkbox"/> Right	
			<input type="checkbox"/> Horseshoe Heel Pad		<input type="checkbox"/> Left	<input type="checkbox"/> Right	
			<input type="checkbox"/> Morton's Extension		<input type="checkbox"/> Left	<input type="checkbox"/> Right	
			<input type="checkbox"/> Reverse Morton's Extension		<input type="checkbox"/> Left	<input type="checkbox"/> Right	
Posting	<input type="checkbox"/> To lab values <input type="checkbox"/> To the following values → <input type="checkbox"/> To forefoot intrinsic		Forefoot: Right _____ <input type="checkbox"/> varus <input type="checkbox"/> valgus Rearfoot: Right _____ <input type="checkbox"/> varus <input type="checkbox"/> valgus <input type="checkbox"/> Rearfoot Extrinsic <input type="checkbox"/> Rearfoot Intrinsic		Left _____ <input type="checkbox"/> varus <input type="checkbox"/> valgus Left _____ <input type="checkbox"/> varus <input type="checkbox"/> valgus		
Grinding Width	<input type="checkbox"/> Narrow	<input type="checkbox"/> Narrow heels only	<input type="checkbox"/> Normal	<input type="checkbox"/> Wide	<input type="checkbox"/> Medial Flange	<input type="checkbox"/> Lateral Flange	
Shell Mods	<input type="checkbox"/> 1 st ray cut-out		<input type="checkbox"/> 2-5 Bar	<input type="checkbox"/> Kinetic Wedge	<input type="checkbox"/> Kirby Skive _____mm RT _____mm LT		
Additional Comments/Shoe Selection (please include single shoe order form):					Please send me: <input type="checkbox"/> Casting foam <input type="checkbox"/> Order forms		