FIREFLY
CUSTOM MADE FOOT ORTHOSES

UK POSTAL
18 Brollagh Rd.
Garrison, Enniskillen,
BT93 4AE, UK.

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FIREFLY.IE
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RESET ORDER FORM

STANDARD DEVICES

1 PATIENT

PATIENT NAME _____

ADDRESS _____

_____

D.O.B. D / M / Y SEX M / F WEIGHT_____

FOOTWEAR TYPE _____ SHOE SIZE_____

2 PRESCRIBER

PRESCRIBER _____

ADDRESS _____

_____

PHONE _____

EMAIL _____

3 ORDER INFO

DATE D / M / Y

WO #_____

☐ RUSH

☐ POST TO PATIENT

REPEAT ORDER # _____

☐ DUPLICATE (no change)

☐ CHANGE (as marked)

4 DEVICE TYPE (select only one device)

FUNCTIONAL

☐ STANDARD

☐ DIRECT MILLED (polypropylene only)

DRESS

☐ WOMENS_____cm heeled shoes

- ☐ Standard Slimline
- ☐ Low Heel Cup Slimline
- ☐ Flat Heel Cup
- ☐ Cobra (polypropylene only)

☐ MENS

☐ DIRECT MILLED

SPORT

☐ STANDARD

☐ DIRECT MILLED

☐ LOW PROFILE

☐ IMPACT

- ☐ with RF post
- ☐ with dual density RF post

☐ SOCCER SPORT

MOULDS

☐ STANDARD

☐ LOW PROFILE

SPECIALISED

NOTE: Our Diabetic and RA devices can now be ordered using the **SPECIALISED DEVICES** order form.

☐ EVA

☐ UCBL

☐ ROBERTS WHITMAN

☐ GAIT PLATE

- ☐ Induce out-toeing
- ☐ Induce in-toeing

7 SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

_____

_____

_____

5 OPTIONAL SPECS

SHELL MATERIAL

☐ Polypropylene

☐ Performance RX

☐ XT Sprint

☐ TL 2100

☐ Delrin

RIGIDITY

☐ Rigid

☐ Semi-rigid

☐ Semi-flexible

FILL MATERIALS

☐ Poron

☐ Cork

☐ EVA

FOREFOOT EXTENSION

MATERIAL

Poron	☐ 1.5mm	☐ 3mm
Nyplex	☐ 1.5mm	☐ 3mm
Cushion Cork	☐ 1.5mm	☐ 3mm
Puff	☐ 1.5mm	☐ 3mm

LENGTH

☐ sulcus ☐ toes

TOP COVER SELECTION

MATERIAL

☐ Vinyl

☐ Leather

☐ Microsuede

☐ WSL Carbon

☐ Neoprene

☐ Plastazote

☐ Puff	☐ 1.5mm	☐ 3mm
☐ Bamboolon	☐ 1.5mm	☐ 3mm

COMBINE MATERIAL WITH

☐ Poron ☐ 1.5mm ☐ 3mm

LENGTH

☐ mets ☐ sulcus ☐ toes

BOTTOM COVER SELECTION

MATERIAL

☐ Agoflex

☐ Vinyl

☐ Puff 1.5mm

☐ Nyplex 1.5mm

☐ Microsuede

☐ WSL Carbon

6 POSTING, ADDITIONS & MODS

POSTING

POST TO

☐ Lab evaluation ☐ Measurements from vertical

☐ Calcaneal Vertical ☐ Neutral (as they sit)

REARFOOT

☐ extrinsic ☐ intrinsic L ___ ° VR/VLG R___ ° VR/VLG

FOREFOOT

☐ extrinsic ☐ intrinsic L ___ ° VR/VLG R___ ° VR/VLG

☐ to sulcus ☐ to toes

Skive (needs deep heel cup)	L ___ mm	R___mm
Inverted	L ___ °	R___°
Motion	L ___ °	R___°

CAST DRESSING

☐ Skin ☐ Type 1 ☐ Min ☐ Moderate ☐ Max

SHELL MODIFICATIONS

L/R Heel Cup Depth

☐ 14mm ☐ 16mm ☐ 18mm ☐ 20mm ☐ 22mm

L/R 1st Met Cut-Out ☐ w/ support post

L/R 1st Ray Cut-Out

L/R Rigid 1st Extension ☐ sulcus ☐ toes

L/R Medial Flange ☐ standard ☐ 50%

L/R Lateral Flange ☐ standard ☐ 50%

L/R Narrow Shell Grind

L/R Wide Shell Grind

L/R Fascial Accommodation (not on direct milled)

L/R Heel Spur Accommodation (not on direct milled)

L/R Heel Hole ☐ w/gel plug ☐ w/ poron plug

L/R Sweet Spot

ADDITIONS

L/R Heel Lift ___ mm ☐ EVA ☐ poron ☐ loose

L/R Heel Pad ☐ 1.5mm ☐ 3mm

L/R Morton's Extension

L/R Reverse Morton's Ext. ☐ cushion cork ☐ poron ☐ EVA

L/R Functional Hallux Limitus Accommodation

Lesion Accommodation L 5 4 3 2 1 R 1 2 3 4 5

L/R Horseshoe Spur

L/R Metatarsal Pad ☐ Standard ☐ 50%

L/R Metatarsal Bar ☐ Standard ☐ 50%

L/R Metatarsal Raise

L/R Poron Arch Pad ☐ 1.5mm ☐ 3mm

L/R Neuroma Pad

L/R Cuboid Pad

8 PRESENTING COMPLAINT

9 PREVIOUS HISTORY

10 PAIN LOCATION

	L	R	L	R
HIPS	☐	☐		
THIGHS	☐	☐		
LEGS	☐	☐		
KNEES	☐	☐		
ANKLE	☐ MED	☐	☐ LAT	☐
HEELS	☐	☐		
ARCHES	☐ MED	☐	☐ LAT	☐
MET HEADS	5 4 3 2 1		1 2 3 4 5	
PHALANGES	5 4 3 2 1		1 2 3 4 5	

BACK ☐ cervical ☐ dorsal ☐ lumbar ☐ sacral

11 BIOMECHANICAL EXAMINATION

FUNCTIONAL

	L	R
Normal	☐	☐
Hallux Valgus	☐	☐
Hallux Varus	☐	☐
Mallet toe	☐	☐
Claw toe	☐	☐
Hammer toe	☐	☐

1st RAY POSITION

	L	R
Dorsiflexed	☐	☐
Normal	☐	☐
Plantarflexed	☐	☐

FOOT TYPE

	select	L	R
Neutral	mobile | rigid	☐	☐
Pes Planus	mobile | rigid	☐	☐
Subtle Cavo Varus	mobile | rigid	☐	☐
Pes Cavus	mobile | rigid	☐	☐

BASE OF GAIT

L _____° R _____°

ANKLE DORSIFLEXION

L _____° R _____°

FEMORAL TORSION

	L	R
Internal	☐	☐
External	☐	☐

TIBIAL TORSION

	L	R
Internal	☐	☐
External	☐	☐

KNEE POSITION

	L	R
Straight	☐	☐
Varum	☐	☐
Valgum	☐	☐
Recucatum	☐	☐

ARCH HEIGHT

NON WEIGHT BEARING L	NON WEIGHT BEARING R		WEIGHT BEARING L	WEIGHT BEARING R
☐	☐	High	☐	☐
☐	☐	Medium	☐	☐
☐	☐	Low	☐	☐
___mm___		Nav Height	___mm___	

SPINE

☐ Normal ☐ Kyphosis

☐ Lordosis ☐ Scoliosis

12 MEASUREMENTS

NON WEIGHT BEARING

FOREFOOT

VARUS L _____° R _____°

VALGUS L _____° R _____°

REARFOOT

VARUS L _____° R _____°

VALGUS L _____° R _____°

WEIGHT BEARING

RELAXED CALCANEAL STANCE POSITION

VARUS L _____° R _____°

VALGUS L _____° R _____°

TIBIAL VARUM

L _____° R _____°

LEG LENGTH DISCREPANCY

SHORTER BY L _____ R _____

☐ cm ☐ mm ☐ inch

13 DIAGNOSIS

14 ADJUSTMENTS & MODIFICATIONS

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y

D/M/Y