

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

DRESS

☐ WOMENS _____ cm heeled shoes

☐ Standard Slimline

☐ Low Heel Cup Slimline

☐ Flat Heel Cup

☐ Cobra (polypropylene only)

☐ MENS

SPORT

☐ STANDARD

☐ 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 ☐ XT Sprint

☐ Performance RX ☐ TL 2100

☐ 3D PRINTED

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 ☐ 1.5mm ☐ 3mm

☐ 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 ☐ Neutral (as they sit) ☐ Calcaneal Vertical

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 5th 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



L/R Heel Spur Accommodation

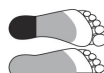


L/R Heel Hole ☐ w/ gel plug ☐ w/ poron plug

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



L/R Amputation Accommodation ☐ Partial ☐ Full

8 PRESENTING COMPLAINT

9 PREVIOUS HISTORY

10 PAIN LOCATION

	L	R		L	R
HIPS	<input type="checkbox"/>	<input type="checkbox"/>			
THIGHS	<input type="checkbox"/>	<input type="checkbox"/>			
LEGS	<input type="checkbox"/>	<input type="checkbox"/>			
KNEES	<input type="checkbox"/>	<input type="checkbox"/>			
ANKLE	<input type="checkbox"/>	MED <input type="checkbox"/>	<input type="checkbox"/>	LAT <input type="checkbox"/>	
HEELS	<input type="checkbox"/>	<input type="checkbox"/>			
ARCHES	<input type="checkbox"/>	MED <input type="checkbox"/>	<input type="checkbox"/>	LAT <input type="checkbox"/>	
MET HEADS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
PHALANGES	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
BACK	<input type="checkbox"/> cervical	<input type="checkbox"/> dorsal	<input type="checkbox"/> lumbar	<input type="checkbox"/> sacral	

11 BIOMECHANICAL EXAMINATION

FUNCTIONAL	L	R
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Hallux Valgus	<input type="checkbox"/>	<input type="checkbox"/>
Hallux Varus	<input type="checkbox"/>	<input type="checkbox"/>
Mallet toe	<input type="checkbox"/>	<input type="checkbox"/>
Claw toe	<input type="checkbox"/>	<input type="checkbox"/>
Hammer toe	<input type="checkbox"/>	<input type="checkbox"/>

1st RAY POSITION	L	R
Dorsiflexed	<input type="checkbox"/>	<input type="checkbox"/>
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Plantarflexed	<input type="checkbox"/>	<input type="checkbox"/>

FOOT TYPE	select	L	R
Neutral	mobile rigid	<input type="checkbox"/>	<input type="checkbox"/>
Pes Planus	mobile rigid	<input type="checkbox"/>	<input type="checkbox"/>
Subtle Cavo Varus	mobile rigid	<input type="checkbox"/>	<input type="checkbox"/>
Pes Cavus	mobile rigid	<input type="checkbox"/>	<input type="checkbox"/>

BASE OF GAIT

L _____° R _____°

ANKLE DORSIFLEXION













L _____° R _____°

FEMORAL TORSION	L	R
Internal	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>

TIBIAL TORSION	L	R
Internal	<input type="checkbox"/>	<input type="checkbox"/>
External	<input type="checkbox"/>	<input type="checkbox"/>

KNEE POSITION	L	R
Straight	<input type="checkbox"/>	<input type="checkbox"/>
Varum	<input type="checkbox"/>	<input type="checkbox"/>
Valgum	<input type="checkbox"/>	<input type="checkbox"/>
Recucatum	<input type="checkbox"/>	<input type="checkbox"/>

ARCH HEIGHT

NON WEIGHT BEARING			WEIGHT BEARING	
L	R		L	R
		High		
		Medium		
		Low		
mm		Nav Height	mm	

SPINE

<input type="checkbox"/> Normal	<input type="checkbox"/> Kyphosis
<input type="checkbox"/> Lordosis	<input type="checkbox"/> 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

[illegible]

14 ADJUSTMENTS & MODIFICATIONS