Ortho-Dynamics

CUSTOM ORTHOTICS & BRACE LABORATORY

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PRESCRIPTION FORM

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DOCTOR/CLINIC _____

_____

_____

PATIENT NAME: _____

ACCT # _____

AGE _____ SEX _____

WT. _____ SHOE SIZE _____

DATE _____

PLEASE SEND: ❑ ORDER FORMS ❑ SHIPPING LABELS ❑ BROWN BOXES: ❑ FOAM

ASYMMETRIC: Yes ❑ No ❑

ORTHOTIC DEVICE SELECTION

ACCOMMODATIVE

- ☐ Leather Laminated
- ☐ Leather/Cork Filler
- ☐ Leather/Sponge Filler
- ☐ Leather/Plastazode Filler
- ☐ Blue Cloud
- ☐ Dyna Cork
- ☐ Geri- Comfort (with Vinyl Top Cover)
- ☐ Geri- Comfort (with 1/8 Plastazode Top Cover)
- ☐ Ultra Comfort
- ☐ Leather - 2mm S/O Shell
- ☐ Amputee (Requires Shoes) Toe Filler ____ (R) ____ (L)
- ☐ Custom Diabetic Insert Qty: ____

SPORT GROUP

- ☐ Semi-Flex
- ☐ Sport Flex.
- ☐ Super Flex.
- ☐ M.V.P.
- ☐ Golf
- ☐ Basketball
- ☐ Runner
- ☐ Sprinter
- ☐ Tennis
- ☐ Soccer
- ☐ Sportsman
- ☐ Memory Flex

SPECIALTY GROUP

- ☐ Functional S/O
- ☐ Graphite
- ☐ Gait Plate ☐ Induce In Toe ☐ Induce Out Toe

ALL PURPOSE GROUP

- ☐ Healthotic
- ☐ Heel-Lite (Heel Spur)

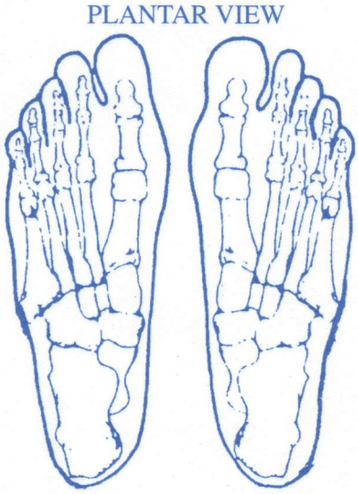
FASHION DRESS
(It is recommended shoes accompany order)

- ☐ Hi-Style Fashion (Women)
- ☐ Fashion (Adjustable) (Women)
- ☐ Women's Low Profile (Intrinsic)
- ☐ Men's Low Profile (Intrinsic)
- ☐ Hi-Style Fashion (Men)
- ☐ Fashion Flex (Men/Women)
- ☐ Tear Drop Low Profile
- ☐ Spring Step (Women)

MAXIMUM CONTROL INSERT

- ☐ MCI (Like)

PLANTAR VIEW



RIGHT LEFT

SPECIAL PADDING SPECIFICATIONS *(Circle Desired Padding)*

Medial Flange: ☐ low ☐ modified ☐ full ☐ right ☐ left ☐ both

Lateral Flange: ☐ low ☐ modified ☐ full ☐ right ☐ left ☐ both

Heel Lift: _____ mm (R) _____ mm (L)


Scaphoid Pad ☐ right ☐ left ☐ both


Neuroma Pad ☐ plug ☐ ☐ right ☐ left ☐ both


Mortons Extension ☐ right ☐ left ☐ both


Met Bar Pad ☐ right ☐ left ☐ both


1st Met Cut-out ☐ right ☐ left ☐ both


Dancers Pad ☐ right ☐ left ☐ both


Heel Spur Pad ☐ right ☐ left ☐ both


Heel Cushion ☐ right ☐ left ☐ both


2 - 4 Met Pad ☐ right ☐ left ☐ both


Toe Crest Pad ☐ right ☐ left ☐ both


1st Ray Cut-out ☐ right ☐ left ☐ both

POSTING SPECIFICATIONS (Neutral = Varus 0)

	RIGHT	LEFT		
☐ Post To Cast				
☐ Post Rear Foot	☐ Varus ___° ☐ Valgus___°	☐ Varus ___° ☐ Valgus___°	☐ Intrinsic	☐ Extrinsic
☐ Post Forefoot	☐ Varus ___° ☐ Valgus___°	☐ Varus ___° ☐ Valgus___°	☐ Intrinsic ☐ Sulcus Wedge Ext.	☐ Extrinsic ☐ Tip Post

TOP COVER

- ☐ Spenco ☐ Leather
- ☐ Vinyl ☐ Plastazode
- ☐ Suede ☐ Alliplast

1. Orthotic Length
   - ☐ Met ☐ Sulcus
   - ☐ Full
2. Vertical Bulk
   - ☐ Regular
   - ☐ Low
3. Width Profile
   - ☐ Narrow
   - ☐ Per Cast
   - ☐ Wide
4. ☐ Full Pair ☐ Single Right ☐ Single Left
5. Longitudinal Arch
   - ☐ Per Cast
   - ☐ Higher _____ mm
   - ☐ Lower _____ mm
6. Heel Cup Depth
   - ☐ Low (10 mm)
   - ☐ Medium (15 mm)
   - ☐ Deep (20 mm)
   - ☐ _____ mm
7. Primary Footware
   - ☐ Full Boot (work) ☐ Slip On
   - ☐ Sneakers ☐ Pump
   - ☐ High Heels ☐ Laced

DESIRED CONTROL LEVEL

- ☐ Rigid
- ☐ Semi-Rigid
- ☐ Semi-Flexible
- ☐ Flexible

VARIATIONS/DIAGNOSIS

_____

_____