

Prescription Order Form



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ortholifelab.com

FOR LAB USE ONLY

Received: _____ Delivered: _____
Foam Box: _____ Cast: _____
Additional items received: _____

Doctor's Office Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date: _____

Patient Information

Name: _____ Sex: M / F
Age: _____ Weight: _____ Shoe Type: _____ Size: _____
Condition: _____
Special Notes: _____

Cast Taken: _____ Non-weight bearing _____ Semi-weight bearing _____ Weight bearing

Orthotic Type

Sport Line

- Orthosport
- Orthorunner
- Orthosprinter
- Orthogym
- Orthoball
- Orthotennis
- Orthogolf
- Orthosoccer

Functional Line

- Orthospur
- Orthouniversal
- Orthowalk
- Orthoduty
- Orthohallux

Dress Line

- Orthographite
- Orthodress
- Orthocasual
- Orthocobra
- Orthoslim

Accommodative Line

- Orthodiabetic
- soft
- semirigid
- rigid
- Orthoshock
- Orthocork
- Orthopelite

Children's Line

- UCBL
- Gait plate to correct in-toe
- Gait plate to correct out-toe
- heel stabilizer
- functional acrylic

Shell Modifications

- Deep Heel Seat L R B/L
- Medial Flange L R B/L
- Lateral Flange L R B/L
- 1st Ray Cut Out L R B/L
- 5th Ray Cut Out L R B/L
- Narrow Devices L R B/L
- Wide Devices L R B/L
- Lateral Clip L R B/L
- Navicular Cut Out L R B/L
- Heel Punch Out L R B/L
- Plantar Grind L R B/L

Other: _____

Accommodations

- Heel Cushions L R B/L
- Heel Spur Pads L R B/L
- Met Pads, Low L R B/L
- Met Pads, High L R B/L
- Met Bar, (1-5) L R B/L
- Heel Lifts L R B/L
- LA Pad L R B/L
- Lateral Wedge L R B/L
- Medial Heel Skive L R B/L
- Morton's Ext. L R B/L
- Neuroma Pad L R B/L
- Suede Bottoms L R B/L
- Toe Crests L R B/L
- Amputee Prosthesis L R B/L

Partial Foot Prosthesis: Shoe must accompany cast

Posting

All casts are forefoot balanced to neutral unless otherwise specified.

Rearfoot

- Intrinsic Extrinsic
- R L
- Varus Valgus
- Valgus Varus

Forefoot

- Intrinsic Extrinsic
- R L
- Varus Valgus
- Valgus Varus

Other: _____

Forefoot Extensions

From Distal End of Shell To

- Met head Sulcus
- Full foot

Materials

- PPT. Pelite. Plastazote.

Thickness

- 1/16" 1/8"

Other: _____

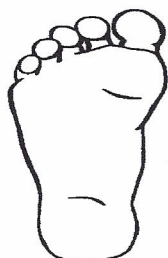
Top Cover

- vinyl EVA
- Preforated EVA Spenco
- Plastazote None

Other: _____

Please indicate area's to be accommodated

L 1 2 3 4 5
R 1 2 3 4 5



R



L

Comments:

