COL Orthotics International
Controlling Abnormal Biomechanics

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Prescription Form

Patient Information (PLEASE PRINT)

Name: _____

Occupation: _____

Sex _____ **Age** _____ **Ht.** _____ **Wt.** _____

Doctor Information

Name: _____

Address: _____

_____

Phone: (_____) _____

Chief Complaint **(include pain, type, location, duration)**

_____

_____

_____

Your Diagnosis

_____

_____

_____

Posting Instructions:	❑ **POST TO LAB VALUES**		❑ **POST TO THESE VALUES**
Forefoot:	❑ Right Foot ___degrees ❑Varus ❑Valgus		❑ Left Foot ___degrees ❑Varus ❑Valgus
❑ **EXTRINSIC POST**	❑ Right ❑ Left	❑ **1st Met-Cut Out** ❑ R ❑ L ❑	❑ **1st Ray-Cut Out** ❑ R ❑ L ❑
Rearfoot:	❑ Right Foot ❑Varus___ ❑ Valgus____		❑ Left Foot ❑Varus___ ❑ Valgus____
❑ **NO HEEL POST**	❑ Medial Heel Skive ❑ Right____mm ❑ Left____mm		

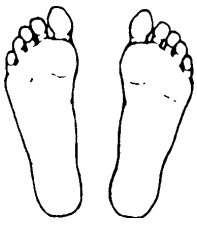
Type of Orthotic

Children's Orthotics	❑ Gait Plate - Force Toe-Out	❑ Robert Whitman Plate ❑ UCBL	❑ Shaffer Plate
COL Sports	❑ 4mm Standard	❑ Multisport (Aerobics)	❑ Ski / Skate
COL Flex	❑ 2mm (Mild Control)	❑ Flex III (Medium)	❑ Flex IV(Firm)
COL Ultraflex	❑ Ladies Dress PUMP	❑ Ultraflex Standard Orthotic	
COL TL-61 (Graphite)	❑ TL-61 Dress PUMP	❑ TL-61 Standard Orthotic	
COL Direct Mill Unitized	❑ DM II (Mild Control)	❑ DM III (Medium Control)	❑ DM IV (Firm)
COL Accommodative	❑ LIGHT PLASTIC	❑ HEEL SPUR	❑ 100% SOFT EVA

Additions and Extensions

Covers ❑ ***3/4 Met heads***	Evalyte 1/16" ❑ 1/8" ❑	Vinyl (Black ❑ White❑Ash Grey❑ Honey❑)	Leather ❑ Suede ❑
❑ ***To Sulcus***	Microcell Puff Black 1/16" ❑	Sport EVA 1/8" ❑	ETC Black 1/8" ❑
❑ ***Full***	Spenco (Blue ❑ Green ❑ Black ❑)	Poron™ w/vinyl 1/16" ❑ 1/8" ❑	Nyplex 1/8" Black ❑
Forefoot Extensions only	Plastazote ❑	Evalyte / 1/16" ❑ 1/8" ❑ Poron™ 1/16" ❑ 1/8" ❑	To Sulcus ❑ Full ❑
Arch Reinforcements	❑EVA ❑Korex ❑Plastazote	**BOTTOM UNDERLAY** ❑ Vinyl ❑	Microcell ❑ Nyplex ❑
Additions	Deep Heel Seat 18mm ❑_____mm ❑		
	Heel Raise R/L ❑ 1/16" ❑ 1/8" ❑ 1/4" maximum ❑		
Accommodate lesions as marked ❑			

Specialty Instructions



Met Pad R/L ❑	Small ❑	Medium ❑	Large ❑	
Heel Cushion only			Left ❑	Right ❑
Heel Cushion with Centre Pocket			Left ❑	Right ❑
Horseshoe Heel Cushion			Left ❑	Right ❑
Morton's Extension			Left ❑	Right ❑
Reverse Morton's Extension			Left ❑	Right ❑

Grinding Width Preferred: Narrow ❑ Normal ❑ Wide ❑ Medial Flange ❑ Fit To Shoe ❑ Shoe Size _____

Please send me **Casting Foam** ❑ **Labels** ❑ **Order Forms** ❑ **ADD COL INSOLE +$25** ❑

Additional Comments or Instructions

_____

_____

_____

For Lab Use Only:	**Right**	**Left**
FFT Measured		
FFT Posted		
RFT Posted		
Medial Skive		