

Prescription Form

Patient Information

Name: _____

Occupation: _____

Sex _____ Age _____ Ht. _____ Wt. _____

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

Doctor Information

Name: _____

Address: _____

Phone: (_____) _____

Your Diagnosis

Type of Orthotic

All orthotics come with a standard vinyl cover.

- Multisport**
- Flex Standard** - heel posted
- Flex III (very flexible)** - no post heel posted
- Flex V** (intrinsic forefoot & rearfoot posting)
- High Step** woman's fashion shoe orthotic
- Evalyte (soft)** for diabetics & arthritics
- Heel Spur Orthotic** for heel pain & planter fasciitis

Shoe Style Recommended

	Sport	Low Heel	Pump	Casual	Oxford	Full Boot	Slip On
<input type="checkbox"/> Multisport	✓						
<input type="checkbox"/> Flex Standard - heel posted	✓			✓	✓	✓	
<input type="checkbox"/> Flex III (very flexible) - <input type="checkbox"/> no post <input type="checkbox"/> heel posted	✓			✓	✓	✓	
<input type="checkbox"/> Flex V (intrinsic forefoot & rearfoot posting)	✓	✓		✓	✓	✓	✓
<input type="checkbox"/> High Step woman's fashion shoe orthotic			✓				
<input type="checkbox"/> Evalyte (soft) for diabetics & arthritics	✓					✓	
<input type="checkbox"/> Heel Spur Orthotic for heel pain & planter fasciitis	✓					✓	

- Children's Orthotics (unbreakable Flex)** Standard Gait Plate (to force out toe)

Additions and Extensions

- Heel Lift** (maximum 1/4") 1/16" 1/8" 1/4" R L
- Soft evalyte cover to:** Met Heads Sulcus Full
- Soft Neoprene (Spenco) cover to:** Met Heads Sulcus Full
- Met Pads:** S M L R L
- Heel Pads:** R L
- Reinforced orthotic for patients over 220 lb.** **Shoe Size** **Limb length difference** R L
- Leather cover \$15 extra per pair**

Please send me

- Casting Foam Labels Order Forms

Additional Comments or Information

- A To Met heads
- B Sulcus
- C Full



Right

Left