



Making Great Strides

ORTHOTIC LABS INC.

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PROFESSIONAL PODIATRIC LABORATORY
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RForm
 For Lab Use Only

Cast Date _____

Practitioner: _____ /Acct# _____

Phone: (_____) _____

Bill To: _____

Ship To: _____

Rush Service: 1 Day \$40 2 Day \$30 Ship to patient \$16

Patient Last Name: _____

Patient Last Name "Please Print"

Patient First Name: _____

Patient First Name "Please Print"

Date of Birth: _____ Male Female
MONTH DAY YEAR

Weight: _____ lbs Height: _____ Shoe Size: _____

- Please duplicate previous prescription # _____
 Child Outgrowth Program (Complete back of form required)
 Please fabricate two pair Shipping Boxes UPS Labels

PATHOLOGY SPECIFIC DEVICES - see back of form for description of device

- Posterior Tibialis Dysfunction Metatarsalgia Plantar Fasciitis Pediatric Flat Foot Hallux Limitus Pronation Control Achilles Tendonitis

FUNCTIONAL / ACCOMMODATIVE / DRESS DEVICES

- Sport Mold: Poron Puff TL 2100 Dress: With Heel Cups Without Heel Cups
 Impact Sport Tri-Density TL 2100 Standard
 Standard Bio-Cork XT Sprint: Semi-Flexible Rigid
 Flexible EVA Direct Milled: Semi-Flexible Semi-Rigid
 Polyethylene: 3mm 2.5mm Other: (specify) _____

CHILDREN

- Shaffer Plates Out-toe Gait PL (to correct in-toeing) UCBL
 Roberts Whitman In-toe Gait PL (to correct out-toeing)

FOOTWEAR

- Footwear only Footwear & Orthotic
 Style _____ Size _____

CAST DRESSING

- Min (fill) Mod (fill) Max (fill) Medial Heel Skive LT _____ mm RT _____ mm

POSTING INSTRUCTIONS

- Use lab discretion and post according to evaluation. Post these values
- Rearfoot** EXTRINSIC INTRINSIC
 LT _____ °Varus / °Valgus
 RT _____ °Varus / °Valgus
- Forefoot** EXTRINSIC INTRINSIC
 LT _____ °Varus / °Valgus
 RT _____ °Varus / °Valgus
- Tibial Varum** _____ ° _____ °
- FF Post** Corner Full Ext. To Sulcus
 1/8" 2-5 bar with 1st met cutout

GRINDING INSTRUCTIONS

- 1st met cutout B/L LT RT
 Narrow Grind Wide Cut
 High Medial Flange
 Deep Heel Cup 18mm 20mm 22mm
 Heel Raise LT _____ RT _____

Other

ADDITIONS / MODIFICATIONS

- Neuroma Pad (Interspace)** LT _____ RT _____ **Met Pad** Distally
FHL Accom. Fill with Poron B/L LT RT **Mortons Extension** B/L LT RT **Heel Pad** B/L LT RT **Heel Spur Accom.** B/L LT RT
 B/L LT RT **PMP Pad** Distally **Reverse Mortons** B/L LT RT **Heel Aperture** B/L LT RT **Balance Lesion Accommodation** LT _____ RT _____
Shaft Pad (1st ray) B/L LT RT **Arch Pad (dorsal)** B/L LT RT **Arch Fill (plantar)** B/L LT RT **Other** _____
 B/L LT RT B/L LT RT

TOP COVERS

- Vinyl Color:** Black Blue Green Grey Dk.Tan
 To Mets To Sulcus To Toes No Covers
Materials: 1/16 Poron & Vinyl 1/8 Poron & Vinyl
 1/16 Puff 1/8 Puff 1/8 Spenco

EXTENSIONS

- To Sulcus To Toes
 1/16 Poron & Vinyl 1/8 Poron & Vinyl
 1/16 Puff 1/8 Puff 1/8 Spenco
 Bottom Cover _____

NOTES