INTERNATIONAL ORTHOTIC LABS INC.

Making Great Strides

6777 Fairmount Drive S.E.
Calgary, Alberta T2H 0X6

Accredited Facility • Board for Accreditation of Prescription Foot Orthotic Laboratories

PROFESSIONAL PODIATRIC LABORATORY
Tel: 403-236-8540 US/CA: 1-800-887-7138
Fax: 403-236-8539 UK Toll Free: 0-800-587-1684

RX Form

For Lab Use Only

Cast Date_____

Practitioner:_____ /Acct# _____
Phone: (_____) _____
Bill To:_____

Ship To:_____

Rush Service: ❑ 1 Day $40 ❑ 2 Day $30 ❑ Ship to patient $12

Patient Last Name:_____
Patient First Name:_____
Date of Birth:_____ ❑ Male ❑ Female
MONTH DAY YEAR
Weight:_____lbs Height:_____ Shoe Size:_____

❑ **Please duplicate previous prescription #** _____
❑ **Please fabricate two pair** ❑ **Send Boxes** ❑ **Rx Forms**

EXAMINATION FINDINGS

Supination	Left	Right
Mild	❑	❑
Moderate	❑	❑
Severe	❑	❑

Pronation	Left	Right
Mild	❑	❑
Moderate	❑	❑
Severe	❑	❑

Arch Height (weight bearing)	Left	Right
High	❑	❑
Medium	❑	❑
Low	❑	❑

Arch Height (non weight bearing)	Left	Right
High	❑	❑
Medium	❑	❑
Low	❑	❑

Gait: ❑ Toe in ❑ Straight ❑ Toe out

Chief Complaints:

Notes:

ORTHOTICS - see back of form for description of all devices

PATHOLOGY SPECIFIC DEVICES (DIRECT MILL)

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

VACUUM FORMED DEVICES

	Mets	Sulcus	Toes
❑ FlexiSport	❑	❑	❑
❑ Flex ❑ Semi-Flex ❑ Semi-Rigid			
❑ Dress (Select Polypro or Carbonflex)	❑	❑	❑
❑ Polypro (black) ❑ Flex ❑ Semi-Flex			
❑ Carbonflex (add $10.00) ❑ Flex ❑ Semi-Flex			

VACUUM FORMED DEVICES (con't)

	Mets	Sulcus	Toes
❑ Accommodative	❑	❑	❑
❑ Diabetic	❑	❑	❑
❑ Sandal	❑	❑	❑
❑ Sandal Suede (add $ 15.00)			

FOOTWEAR AND ORTHOTIC PACKAGES

❑ Footwear only
❑ Orthotic Package (Make an orthotic selection above)
❑ Footwear Style _____ Size _____

Choose a Topcover

❑ Standard (included) ❑ Leather (add $20.00) ❑ Suede (add $15.00) ❑ Spenco (add $10.00)

ADDITIONS / MODIFICATIONS

❑ Post according to lab evaluation
❑ Rearfoot ❑ Intrinsic ❑ Extrinsic
❑ 1st met cut ❑ B/L ❑ LT ❑ RT
❑ Heel Raise LT_____mm RT_____mm


❑ Heel Spur Pad


❑ Shaft Pad


❑ Rev. Morton's Ext.


❑ FHL Pad


❑ Heel APP


❑ PMP Pad

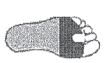

❑ Morton's Ext.


❑ Heel Pad


❑ Met Pad

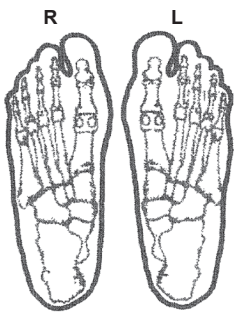
Indicate where accommodations needed


❑ Neuroma Pad (Interspace)
LT_____ RT_____


❑ Balance Lesion Acm.
LT_____ RT_____


❑ Pl. Arch Fill


❑ Dorsal Arch Pad



PATHOLOGY SPECIFIC DEVICES
Direct Mill Process

Achilles Tendonitis:	Moderate cast fill, 15 mm Heel Cup, 0 Deg. Rear Foot Post, 4mm Medial Heel Skive, 4mm Heel Lift, 1/8 Puff Cover to Toes.
Hallux Limitus:	Moderate cast fill, 15 mm Heel Cup, 4 Deg. Rear Foot Post, 4mm Medial Heel Skive, Reverse Morton's Ext., 1/8 Puff Cover to Toes.
Metatarsalgia:	Minimum cast fill, 15mm Heel Cup, 4 Deg. Rear Foot Post, 2 Deg. Inversion, Met Pads, 1/16 Poron CV/Ext. to Toes, Vinyl Cover.
Pediatric Flat Foot:	Minimum cast fill, 20mm Heel Cup, High Medial Flange, 4 Deg. Rear Foot Post, 4mm Medial Skive, 1/16 Puff Cover.
Plantar Fasciitis:	Minimum cast fill, 20mm Heel Cup, 4 Deg. Rear Foot Post, 4mm Medial Heel Skive, 1/16 Poron CV/Ext. to Toes, Heel Spur Accom., Vinyl Cover.
Posterior Tibialis Dysfunction:	Minimum cast fill, 22mm Heel Cup, High Medial Flange, 4 Deg. Rear Foot Post, 4mm Medial Skive, 4mm Heel Lift, 1/8 Puff Cover to Toes.
Pronation Control:	Minimum cast fill, 15mm Heel Cup, 4 Deg. Rear Foot Post, 1/16 Puff Cover.

FUNCTIONAL / ACCOMMODATIVE / DRESS DEVICES
Vacuum Press Process

FlexiSport:	Polypro Shell, 1/8 ETC CV/Ext. to Toe. Scrim Bottom.
Dress:	Black Polypro, or Carbonflex Shell, 1/16 Puff CV/Ext. to Sulcus. Scrim Bottom.
Sandal:	Black Polypro Shell with EVA Planter Fill, 1/8 puff CV/Ext to Toe
Accommodative :	Dual Density EVA Shell, 1/8 Poron CV/Ext to Toe, Vinyl Topcover. Nyplex Bottom.
Diabetic:	Dual Density EVA Shell, 1/8 Poron + 1/8 P-Cell topcover to Toe. Nyplex Bottom.