



Cast Date _____
 Practitioner: _____ /Acct# _____
 Phone: (_____) _____
 Bill To: _____
 Ship To: _____
 Rush Service: 1 Day \$40 2 Day \$30 Ship to patient \$26

Patient Last Name: _____
Patient Last Name "Please Print"
 Patient First Name: _____
Patient First Name "Please Print"
 Date of Birth: _____ MONTH DAY YEAR Male Female
 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

- Sport
 Impact Sport
 Standard
 Flexible
 Polyethylene: 3mm 2.5mm

ACCOMMODATIVE

- Mold: Poron Puff
 Tri-Density
 Bio-Cork
 EVA

DRESS DEVICES

- TL 2100 without Heel Cups
 Fibrelite Dress Standard
 XT Sprint: Semi-Flexible Rigid
 Other: (specify) _____

CHILDREN

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

POSTING INSTRUCTIONS

- Use lab discretion and post according to evaluation. Post these values
- | | | | | | |
|--|--------------------------|---|--------------------------|---|--|
| Supination | | Pronation | | Rearfoot <input type="checkbox"/> EXTRINSIC <input type="checkbox"/> INTRINSIC | |
| Left | Right | Left | Right | LT _____ | <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus |
| Mild | <input type="checkbox"/> | Mild | <input type="checkbox"/> | RT _____ | <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus |
| Moderate | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | | |
| Severe | <input type="checkbox"/> | Severe | <input type="checkbox"/> | Forefoot <input type="checkbox"/> EXTRINSIC <input type="checkbox"/> INTRINSIC | |
| | | | | LT _____ | <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus |
| | | | | RT _____ | <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus |
| Gait: <input type="checkbox"/> Toe in <input type="checkbox"/> Straight <input type="checkbox"/> Toe Out | | FF Post <input type="checkbox"/> Corner <input type="checkbox"/> Full <input type="checkbox"/> Ext. To Sulcus | | | |

CAST DRESSING (FILL) / GRINDING INSTRUCTIONS

- Cast Fill: No (fill) Min (fill) Mod (fill) Max (fill)
- Medial Heel Skive LT _____ mm RT _____ mm
 1/8" 2-5 bar with 1st met cutout
 1st met cutout B/L LT RT
 Narrow Grind Wide Cut
 High Medial Flange High Lateral Flange
 Deep Heel Cup 18mm 20mm 22mm
 Heel Raise LT _____ RT _____

Chief Complaints

Other

ADDITIONS / MODIFICATIONS

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

TOP COVERS

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

EXTENSIONS

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

NOTES

PATHOLOGY SPECIFIC DEVICES

Achilles Tendonitis:	Moderate cast fill, 15mm 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, 15mm 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

* refer to catalogue for more specific description details

Sport:	An all purpose device for the active patient.
Impact Sport:	Flexible shell, poron arch fill, puff bottom and top covers to toe.
Standard:	Semi-rigid, moderate to high control.
Flexible:	Less controlling device for intolerance to semi-rigid types.
Mold:	Poron or Puff, Very flexible shell, poron or puff plantar fill.
Tri-Density:	Cork shell, 55 durometer EVA plantar arch fill, 1/8" poron top cover/extension to toes, 1/16" bottom cover extension to toes and P-Cell top cover.
Bio-Cork:	1/2" 55 durometer cork shell to mets.
EVA Device:	To Mets or To Toes, 50 Durometer EVA Shell.
TL 2100:	Without Heel Cups, Carbon Graphite Composite device with extension to sulcus.
Fibrelite Standard:	Carbon Poly Composite.
Fibrelite Dress:	Carbon Poly Composite, Narrow Grind, Extension to Sulcus.
XT Sprint:	Semi-Flexible or Rigid, Poly-Composite Material.
Polynolene:	3mm Skintone or 2.5mm White Transparent.
Direct Milled:	Semi-Flexible or Semi-Rigid (Direct Milled Device, not vacuum formed)

CHILD OUTGROWTH PROGRAM

Original order date _____ W/O# _____

- Request Outgrowth Pair** (must be within 18 months of the original order date)
- Copy of Birth Certificate Attached** (Name and Birth date required, blackout other information)

We are pleased to offer a Child Outgrowth Program for your patients less than 13 years of age. The program includes a second pair, ordered within 18 months of the first, free of charge. Orders that are received alone are subject to a \$50 charge plus shipping.

Thank you for choosing International Orthotic Labs

Missed or omitted items or modifications to prescription(Rx form) with or without consultation with the practitioner carries no liability for International Orthotic Labs Inc.