



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 First Name: \_\_\_\_\_  
 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  FedEx 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
- |  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>Supination</b>  |   | <b>Pronation</b>  |   | <b>Rearfoot</b> <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"/> <input type="checkbox"/> | Mild  | <input type="checkbox"/> <input type="checkbox"/> | RT _____  | <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus |
| Moderate   | <input type="checkbox"/> <input type="checkbox"/> | Moderate  | <input type="checkbox"/> <input type="checkbox"/> |   |  |
| Severe   | <input type="checkbox"/> <input type="checkbox"/> | Severe  | <input type="checkbox"/> <input type="checkbox"/> | <b>Forefoot</b> <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**

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

**TOP COVERS**

- Length:**  To Mets  To Sulcus  To Toes  No Covers  
**Colour:**  Black  Blue  Other (Indicate in Notes)  
**Materials:**  1/16 Poron & Vinyl  1/8 Poron & Vinyl  
 1/16 Puff  1/8 Puff  1/8 Spenco  Other

**EXTENSIONS**

- To Sulcus  To Toes  
 1/16 Poron  1/8 Poron  
 1/16 Puff  1/8 Puff

**BOTTOM COVERS**

- Vinyl  Durathin  
 1/16 Puff  No Bottom Cover  
 Other \_\_\_\_\_

**NOTES**

## PATHOLOGY SPECIFIC DEVICES

<b>Achilles Tendonitis:</b>	Moderate cast fill, 15mm Heel Cup, 0 Deg. Rear Foot Post, 4mm Medial Heel Skive, 4mm Heel Lift, 1/8 Puff Cover to Toes.
<b>Hallux Limitus:</b>	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.
<b>Metatarsalgia:</b>	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.
<b>Pediatric Flat Foot:</b>	Minimum cast fill, 20mm Heel Cup, High Medial Flange, 4 Deg. Rear Foot Post, 4mm Medial Skive, 1/16 Puff Cover.
<b>Plantar Fasciitis:</b>	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.
<b>Posterior Tibialis Dysfunction:</b>	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.
<b>Pronation Control:</b>	Minimum cast fill, 15mm Heel Cup, 4 Deg. Rear Foot Post, 1/16 Puff Cover.

## FUNCTIONAL / ACCOMMODATIVE / DRESS DEVICES

\* refer to [www.orthotic.ca](http://www.orthotic.ca) for full device specifications

<b>Sport:</b>	An all purpose device for the active patient.
<b>Impact Sport:</b>	Flexible shell, poron arch fill, nyplex bottom and puff top cover to toe.
<b>Standard:</b>	Semi-rigid, moderate to high control.
<b>Flexible:</b>	Less controlling device for intolerance to semi-rigid types.
<b>Mold:</b>	Poron or Puff, Very flexible shell, poron or puff plantar fill.
<b>Tri-Density:</b>	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.
<b>Bio-Cork:</b>	1/2" 55 durometer cork shell to mets.
<b>EVA Device:</b>	To Mets or To Toes, 50 Durometer EVA Shell.
<b>TL 2100:</b>	Without Heel Cups, Carbon Graphite Composite device with extension to sulcus.
<b>Fibrelite Standard:</b>	Carbon Poly Composite.
<b>Fibrelite Dress:</b>	Carbon Poly Composite, Narrow Grind, Extension to Sulcus.
<b>XT Sprint:</b>	Semi-Flexible or Rigid, Poly-Composite Material.
<b>Polynolene:</b>	3mm Skintone or 2.5mm White Transparent.

## CHILD OUTGROWTH PROGRAM

Original order date \_\_\_\_\_ W/O# \_\_\_\_\_

- Request Outgrowth Pair** (must be within 18 months of the original order date)
- Proof of Age Attached** (ID Card, Health Card, or Birth Certificate with Name & Birth Date Visible, other information blacked out)

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.