INTERNATIONAL ORTHOTIC LABS

PROFESSIONAL PODIATRIC LABORATORY

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

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 $26

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

☐ Sport
☐ Impact Sport
☐ Standard
☐ Flexible
☐ Polynyolene: ☐ 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 Left	Supination Right	Pronation Left	Pronation Right
Mild	☐	☐	☐	☐
Moderate	☐	☐	☐	☐
Severe	☐	☐	☐	☐

Gait: ☐ Toe in ☐ Straight ☐ Toe Out

Rearfoot ☐ EXTRINSIC ☐ INTRINSIC
LT _____ ☐ °Varus ☐ °Valgus
RT _____ ☐ °Varus ☐ °Valgus

Forefoot ☐ EXTRINSIC ☐ INTRINSIC
LT _____ ☐ °Varus ☐ °Valgus
RT _____ ☐ °Varus ☐ °Valgus

FF Post ☐ Corner ☐ Full ☐ 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_____

FHL Accom. ☐ Fill with Poron
☐ B/L ☐ LT ☐ RT

Shaft Pad (1st ray)
☐ B/L ☐ LT ☐ RT

Met Pad
☐ Distally
☐ B/L ☐ LT ☐ RT

PMP Pad
☐ Distally
☐ B/L ☐ LT ☐ RT

Mortons Extension
☐ B/L ☐ LT ☐ RT

Reverse Mortons
☐ B/L ☐ LT ☐ RT

Arch Pad (dorsal)
☐ B/L ☐ LT ☐ RT

Heel Pad
☐ B/L ☐ LT ☐ RT

Heel Aperture
☐ B/L ☐ LT ☐ RT

Arch Fill (plantar)
☐ B/L ☐ LT ☐ RT

Heel Spur Accom.
☐ B/L ☐ LT ☐ RT

Balance Lesion Accommodation
LT_____ 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

WHITE - LAB COPY YELLOW - PRACTITIONER COPY

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.
Polynyolene:	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.