



517 Paul Morris Dr. Unit C4
Englewood, FL 34223
800-761-6605

PRESCRIPTION ORDER FORM

800-761-6605
(fax) 800-267-1719

Date Received (Lab)

- 24 Hour Rush... \$45.00
- 2 Day Rush \$30.00
- 3 Day Rush \$15.00

Please print firmly you are making 2 copies

Rush charges do not include overnight delivery.

Date: _____ Acct.# _____

Acct. Name _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____

PATIENT INFORMATION:

NAME (Please fill in boxes, last name first.)

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(Last) (First)

Occupation _____

Age ____ Weight ____ Height ____ Sex ____

ORTHOTIC CHOICES

ALL PURPOSE: ACCOMMODATIVES

- Universal
- Universal Plus
- Motion Flex
- Premiere Flex
- The Governor

GRAPHITE LINE

- Bio-Control I
- Bio-Control II

WOMEN'S DRESS

- Ortho-Zote
- Ortho-Cork
- Vogue
- Elegance

Heel Height, Mandatory _____"

CHILDREN'S

- U.C.B.L.
- WHITMAN PLATES
- ROBERT'S PLATES
- GAIT PLATES
- Out toe (Promotes out toeing)
- In toe (Promotes in toeing)

SHOE DATA

Shoe Size _____ Width _____

Shoes Enclosed _____

TYPE 'A' (full cut shoe, such as laced oxfords, sneakers etc.)
Specify: _____

TYPE 'B' (Over 1" heel, narrow shoes such as pumps, Western boots, etc.) Specify: _____

TYPE 'C' (Up to 1" heel, narrow cut shoes such as SAS, loafers & flats)

Specify: _____

SHELL RIGIDITY: Flexible Semi-flexible Semi-rigid Rigid

INSTRUCTIONS

Distal Grind:	Grind Like:	Arch Height:	Length:	Heel Cup Height:
<input type="checkbox"/> Narrow	<input type="checkbox"/> Roberts	<input type="checkbox"/> Medium	<input type="checkbox"/> Meta	<input type="checkbox"/> Low (10mm)
<input type="checkbox"/> Regular	<input type="checkbox"/> Whitman	<input type="checkbox"/> To Cast	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Standard (15mm)
<input type="checkbox"/> Wide	<input type="checkbox"/> Shaffer	<input type="checkbox"/> High	<input type="checkbox"/> Full	<input type="checkbox"/> Deep (20mm)
<input type="checkbox"/> To Shoes	<input type="checkbox"/> U.C.B.L. Gait in _____ Out _____	<input type="checkbox"/> Medial Wash		<input type="checkbox"/> Ex. Deep (25mm)

PADDING

- PORON - 1.5mm
- PORON - 3.0mm
- PORON - 4.5mm
- Extension Only
- Entire Device
- Extra Forefoot

TOP COVERS

- 1/8" Plastizote
- 1/16" Black Neolon
- 1/8" Black Neolon
- 1/8" Blue Neolon
- 1/16" Blue Neolon
- 1/8" Black EVA Swirl
- 1/16" Black EVA Swirl
- Black Suede
- Black Vinyl w/ Logo

Suede Bottoms: Black Grey

ACCOMMODATIONS

Cut out Met. Head(s) L _____ R _____

Please indicate the following with a B-Bilateral, L-Left only, R-Right only

<input type="checkbox"/> Cut Out 1st Ray In Shell	<input type="checkbox"/> Reinforce Arch	<input type="checkbox"/> Flange	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral Clip	Heel Lift	<input type="checkbox"/> Heel Spur Accommodations
	<input type="checkbox"/> Firm Pelite		<input type="checkbox"/> Lateral		Left _____ mm	<input type="checkbox"/> Drill out with soft plug.
	<input type="checkbox"/> Evazote		<input type="checkbox"/> Mild		Right _____ mm	<input type="checkbox"/> Horseshoe heel cushions

Metatarsal Bar Toe Crest Dancers Pad Extra Heel Cushion Neuroma Pad

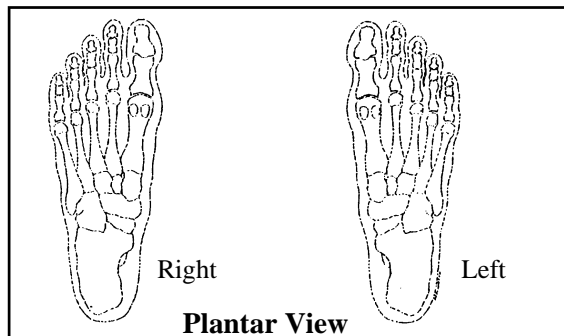
Modified Reversed

Metatarsal Pad Morton's Extension Arch Pad Amputee Sponge Fill Balance Pad

Regular Large In Shell Soft Soft Firm Transverse Partial 3 mm 5 mm

POSTING

Forefoot	Rearfoot
<input type="checkbox"/> Forefoot Evaluation Requested	<input type="checkbox"/> Lab Std. 4° / 4°
<input type="checkbox"/> As Evaluated	<input type="checkbox"/> As Evaluated
<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Neutral
<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
	<input type="checkbox"/> Extrinsic
Left	Left
<input type="checkbox"/> varus	<input type="checkbox"/> varus
<input type="checkbox"/> valgus	<input type="checkbox"/> valgus
o	o o
_____	o o o
INVERSION / MOTION	INVERSION / MOTION



Additional Comments

(This area for comments only. Instructions or accommodations marked in this area will not be applied to the orthotic.)

SPECIAL INSTRUCTIONS

Return Casts (\$7.50 with order \$10.00 without order.)

PLEASE SEND THE FOLLOWING:

- U.P.S. Labels (ARS)
- Prescription Forms
- Small Boxes
- Adjustment Forms
- Large Boxes
- Catalog

Please retain yellow copy and return white with order