Orthotic Solutions

2457 S. Loop 4, Bldg 1A
Buda, TX 78610

Ph # (512) 295-2124 Fax # (512) 295-2309 Toll Free # (866) 305-FOOT (3668)

Patient _____ **WT.** _____ **M/F Age** ____ **Shoe Size** ____
Last Name First Name (IMPORTANT)

Supplies: ☐ RX Forms ☐ Mailing Labels ☐ Boxes ☐ **RUSH** Date Needed In Office / /

* Standard
- Low Bulk (1.5)
- Normal Width
- Medium Arch
- Semi-Rigid
- Extrinsic RF Post

☐ Fashion
☐ Casual Slip-On
☐ High Heel (Cobra)
☐ Cowboy Boots
☐ Mens Dress
○ Hole in Heel

☐ Sportsflex
- Low Bulk
- Normal Width
- High Arch
- Semi-Flex
- Intrinsic Neutral Shell
- Poron/Swirly Cover (Std.)

☐ Spenco (Optional)

☐ Accommodative*
Density
☐ Soft
☐ Medium
☐ Firm
(0° RF unless otherwise specified)

☐ Diabetic
Size & Width _____
☐ 1 Pair
☐ 3 Pair
○ Toe Fill (Circle)
5 4 3 2 1 1 2 3 4 5
Right Left

☐ Children's Orthotics (All of these devices posted at 0° RF unless otherwise specified)
☐ **In-Toe** (To promote IN-TOE GAIT)
☐ **Out-Toe** (To promote OUT-TOE GAIT)
☐ **UCBL** (Hmflange, Hlflange Deep Heel Seat)
☐ **Schaffer** (Hmflange, Deep Heel Seat)
☐ **Robert Whitmans** (Hmflange, Deep Seat)

Forefoot
* Intrinsic (To Casts)
☐ Extrinsic

Left		Right	
°	°	°	°
varus	valgus	varus	valgus

Rearfoot
* Extrinsic (4°/4° varus)
☐ Intrinsic

Left		Right	
°	°	°	°
varus	valgus	varus	valgus

Motion Grindoff
(Standard 4°/4°)

Left	Right
°	°

Post Length
* Normal ☐ Short ☐ Long

Other Posting Options
☐ Medial Skive ____ mm (L) ____ mm (R)
☐ Cast Inversion ____ ° (L) ____ ° (R)
☐ Compressible RF Post *(extra charge)*

Design Your Own Orthotic
Bulk: ☐ Low Bulk (1.5) ☐ ULB (.8) ☐ Hole
Width: ☐ Normal ☐ Narrow ☐ Wide ☐ X-Wide
Arch Ht.: ☐ Medium (50% of cast arch ht.) ☐ Low (35%) ☐ High (75%) ☐ To Casts (100%)
Rigidity: ☐ Semi-Rigid ☐ Rigid (Almost no flexibility) ☐ Flexible ☐ High Flex (Geriatric)

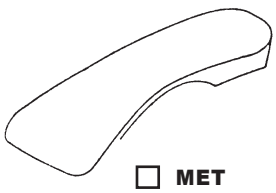
Modifications
☐ High Medial Flange L R
☐ High Lat. Flange L R
☐ Heel Lift _____ mm L R
☐ Heel Spur Accom. L R
☐ Plantar Fascia Groove L R
☐ 1st MPJ Cut Out L R
☐ Deep Heel Cup L R
☐ Met Raise (Integrated Into Device) L R

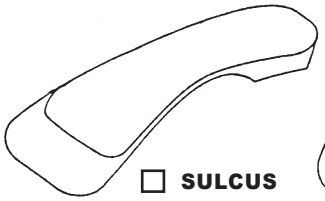
Doctor's Notes

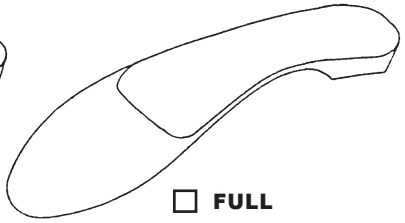
Top Cover Instructions / Padding
Material ☐ SWIRLY (Circle One: Boy-Male / Girl-Female)
☐ SPENCO ☐ Naugahyde Only ☐ Leather ☐ Poron
☐ Naug/foam Laminate ☐ Ultrahyde ☐ Plastizote

Thickness ☐ 1/16" ☐ 1/8" ☐ other _____ ☐ Pad Ext. Only **Shoe Size** _____

Color ☐ Black ☐ Blue


☐ MET


☐ SULCUS


☐ FULL

Special Padding
☐ Met pad (2-4) L R
☐ Met bar (1-5) L R
☐ Morton's Ext. L R
☐ Reverse Morton's Ext. L R
☐ Heel Cushion L R
☐ Heel Spur Pad L R
☐ Dancer's Pad L R

Lab - White Copy Office - Yellow Copy