



PRECISION ORTHOTICS

#4 - 744 Fairview Rd.
Victoria, B.C. V9A 5T9
Toll Free 1-800-661-8221
Toll Free Fax 1-866-380-2793
www.precisionorthotics.com

Doctor: _____ Office Address: _____

City: _____ Province: _____ Telephone: _____



Patient Information:

Date Patient Casted: _____

Patient's Name: _____ Age: _____ Sex: _____

Patient Weight: _____ Activity Level: High Average Sedentary

Shoe Size: _____ Shoe Type: _____ Heel Height: _____ Occupation: _____

Section 1: Orthotic Style Selection

Polypropylene Orthotics Type <input type="checkbox"/> Omniflex <input type="checkbox"/> Slimflex <input type="checkbox"/> Precision Sport <input type="checkbox"/> Geri-tech <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid		Specialty Polypropylene Orthotics <input type="checkbox"/> Precision Aerobic <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Court <input type="checkbox"/> Skate <input type="checkbox"/> Ski Children's Orthotics <input type="checkbox"/> Kidflex <input type="checkbox"/> Shaffer <input type="checkbox"/> Roberts/Whitman <input type="checkbox"/> Gait Plate <input type="checkbox"/> to promote in toeing <input type="checkbox"/> to promote out toeing		Accommodative Orthotics <input type="checkbox"/> Duracom Mold <input type="checkbox"/> Korax <input type="checkbox"/> Poron <input type="checkbox"/> Madelynn Mold <input type="checkbox"/> Soft Madelynn Mold <input type="checkbox"/> Plastazote Mold <input type="checkbox"/> EVA Mold <input type="checkbox"/> Crepe Mold <input type="checkbox"/> Plastazote <input type="checkbox"/> EVA	
Carbon Composite Orthotics <input type="checkbox"/> Precision Composite <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid Please indicate Patient's Weight _____		Direct Milled Orthotics <input type="checkbox"/> Precision DM <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Precision DI <input type="checkbox"/> Flexible <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Rigid		Dress Orthotics <input type="checkbox"/> Composite Pump (flat heel) <input type="checkbox"/> Flapper	

Section 2: Orthotic Design Criteria

Orthotic Width <input type="checkbox"/> Narrow <input type="checkbox"/> Normal <input type="checkbox"/> Wide <input type="checkbox"/> 1st Met Cutout <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1st Ray Cutout <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 2 to 5 Bar Post <input type="checkbox"/> L <input type="checkbox"/> R	Heel Cup Depth <input type="checkbox"/> Shallow (10 mm) <input type="checkbox"/> Normal (14 mm) <input type="checkbox"/> Deep (18 mm) <input type="checkbox"/> _____ mm	Cast Arch Fill <input type="checkbox"/> Minimal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Standard <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Maximum <input type="checkbox"/> L <input type="checkbox"/> R Fasical Groove <input type="checkbox"/> L <input type="checkbox"/> R	Kirby Skive L <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 mm R <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 mm Blake Inverted Degrees L _____ Degrees R _____	Forefoot Posting <input type="checkbox"/> Post Vertical <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> L _____° varus/valgus <input type="checkbox"/> R _____° varus/valgus	Rearfoot posting <input type="checkbox"/> Neutral Shell <input type="checkbox"/> Post Perpendicular <input type="checkbox"/> U-Post <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> L _____° varus/valgus <input type="checkbox"/> R _____° varus/valgus
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Section 3: Orthotic Covering and Additions Selection

Top Covers Length <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes <input type="checkbox"/> No Top Cover <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather (black) <input type="checkbox"/> Ultrasuede <input type="checkbox"/> Neoprene <input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8 <input type="checkbox"/> Poron & Plastazote <input type="checkbox"/> 1/16 & 1/8 <input type="checkbox"/> ELF Thickness of Top Cover <table border="0"> <tr> <td></td> <td>1/16</td> <td>1/8</td> <td>3/16</td> </tr> <tr> <td><input type="checkbox"/> Vinyl & Poron</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Ultrasuede & Poron</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> EVA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Leather & Poron</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1/16	1/8	3/16	<input type="checkbox"/> Vinyl & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultrasuede & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Leather & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extensions Length <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes Thickness <input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8 <input type="checkbox"/> 3/16 <input type="checkbox"/> Poron <input type="checkbox"/> Plastazote <input type="checkbox"/> Korax <input type="checkbox"/> EVA Bottom Cover <input type="checkbox"/> Distal Strip <input type="checkbox"/> Full Arch Reinforcement (indicate fill choice below) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Korax <input type="checkbox"/> Plastazote <input type="checkbox"/> EVA <input type="checkbox"/> Poron	Special Additions <input type="checkbox"/> Accomodation <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arch Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Metatarsal <input type="checkbox"/> Pad <input type="checkbox"/> Bar <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Dancers Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Heel Pad <input type="checkbox"/> Heel Spur Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Heel Hole <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Morton's Extension <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Reverse Morton's Extension <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hallux Wedge <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Valgus / Varus Wedge <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Neuroma Strip Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Sweet Spot (filled/nonfilled) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft Medial Flange <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Toe Crest Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Lateral / Medial Flange <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Heel Rise L _____ R _____
	1/16	1/8	3/16																			
<input type="checkbox"/> Vinyl & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> Ultrasuede & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> EVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> Leather & Poron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			

Special Requests

3 - Day RUSH order fabrication Return Casts (at Doctor's expense only)

Special Instructions:



Supplies:

Orthotic Prescription Forms Return Address Labels Loomis Waybills

Boxes:

Small Medium Large