

CUSTOM ORTHOTIC PRESCRIPTION FORM

UNIQUE
ORTHOTICS

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PODIATRIST

Name

Address

Ph Number

Date Ordered / /

PATIENT

Name

Sex

Age

Weight

Activity



Expected Return Date / /



CAST MODIFICATIONS

Method

- Modified root..... ☐
- Blake inverted..... ☐
- Wedge type..... ☐
- Anterior edge drop off
- Valgus /Varus..... ☐
- Special..... ☐
- ☐
- ☐

Calcaneal Bisection Correction







- Left  Foot Right  Foot
- Inverted / Everted Inverted / Everted
- Angle/ht in mm
- Arch Height
- High arch ☐ Med arch ☐ Low arch ☐
- Arch High Point
- Rear foot ☐ Mid foot ☐

- Left  Foot Right  Foot
-Heel pitch..... ☐
-Medial flare..... ☐
-Lateral cast grind..... ☐
-Cuboid notch / skive..... ☐
-No plaster fill 2-4..... ☐
-Plantar fascia accom..... ☐
-First MTPJ cut out..... ☐
-Styloid accommodation..... ☐



SHELL MATERIAL

- Poly**
- Poly 2.0mm..... ☐
- Poly 3.0mm..... ☐
- Poly 4.5mm..... ☐
- Carbon reinforced**
- Flex 2.0mm..... ☐
- Semi Rigid 2.8mm..... ☐
- Rigid 3.0mm..... ☐
- EVA**
- Low Density (220)..... ☐
- Med Density (260)..... ☐
- High Density (350)..... ☐

SHELL SIZE

- Width
-  Std shell  Wide shell  Narrow shell
- Length
-  Std shell  Short shell  Long shell

POSTING

- Left  Foot Right  Foot
-Forefoot ext post..... ☐
-Rear foot ext post..... ☐
-Heel lift..... ☐
-Heel aperture..... ☐
-Heel cover plate..... ☐

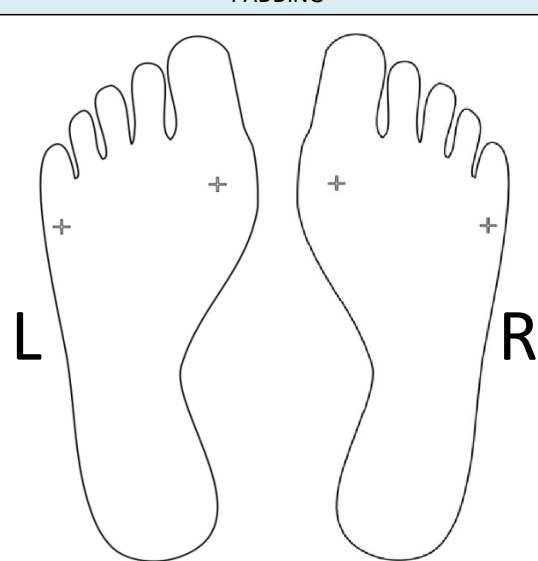
SHELL GRINDING OPTIONS

- ☐ Hook style ☐ Dress style
- ☐ Gait plate ☐ Low bulk
- ☐ Lateral plantar grind Heel cup heightmm

CUSHIONING

- Shell** **Forefoot**
- ☐No cushion..... ☐
- ☐1.5mm blue poron..... ☐
- ☐3.0mm blue poron..... ☐

PADDING



TOP AND BOTTOM COVER

- Cambrelle bottom cover..... ☐
- Lunasoft top cover
(Colour) ☐
- Vinyl
(Colour) ☐
- Blue / Black neoprene top cover..... ☐
- Plastazote..... ☐
- Vlies top cover..... ☐
- Leather top cover..... ☐

DEVICE LENGTH

- Shell Length..... ☐
- 3/4 Length..... ☐
- Full Length..... ☐
- Insole tracing attached..... ☐

Instructions.....

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