




# FOOT ORTHOSIS

Patient \_\_\_\_\_ PO# \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 Clinic \_\_\_\_\_ Due Date (Rush Fee May Apply) \_\_\_\_\_  
 Clinician \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Shoe Size \_\_\_\_\_

<b>PATIENT ID</b>		<b>INTERNAL USE - DO NOT FILL IN PATIENT ID</b>
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## Step 1: Device Type

EVA FOAM		PLASTIC LOW		PLASTIC HIGH	
 Standard Trim Full Length		Alternate Cover and Padding Lengths* <input type="checkbox"/> Sulcus <input type="checkbox"/> Full  *Standard Length is Proximal to Met Heads		Alternate Padding Lengths* <input type="checkbox"/> Sulcus <input type="checkbox"/> Full  *Standard Length is Proximal to Met Heads	
L B R	<b>FUNCTIONAL**</b>	L B R	<b>FUNCTIONAL**</b>	L B R	<b>FUNCTIONAL**</b>
L B R	<b>ACCOMMODATIVE**</b>	L B R	<b>ACCOMMODATIVE**</b>	L B R	<b>ACCOMMODATIVE**</b>
L B R	<b>PROSTHESIS**</b>	L B R	<b>PROSTHESIS**</b>	L B R	<b>PROSTHESIS**</b>
	<input type="checkbox"/> PADDED		<input type="checkbox"/> PADDED		<input type="checkbox"/> PADDED
	<input type="checkbox"/> POSTED		<input type="checkbox"/> POSTED		<input type="checkbox"/> POSTED

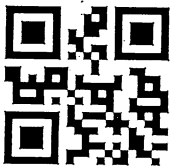
\*\*Check back of this form for material specifications. Plastic thickness will be selected based on patient weight.

## Step 2: Modifications and Additions

REARFOOT		MIDFOOT		FOREFOOT	
L B R	<b>Do Not Change*</b> Or Change to _____	L B R	<b>Increase Arch Height</b>	L B R	<b>Do Not Change*</b> Or Change to _____
L B R	<b>Medial Wedge</b> Height or Angle _____	L B R	<b>Decrease Arch Height</b>	L B R	<b>Medial Wedge</b> Height or Angle _____
L B R	<b>Lateral Wedge</b> Height or Angle _____	L B R	<b>Navicular Relief</b>	L B R	<b>Lateral Wedge</b> Height or Angle _____
L B R	<b>Posterior Wedge</b> Height or Angle _____	L B R	<b>Cuboid Relief</b>	L B R	<b>Metatarsal Pad</b> Small Medium Large

\*Rearfoot and forefoot correction to neutral is standard.

## Step 3: Order Notes and Special Requests



(P) 210-657-8100  
 (F) 210-657-8105

<b>RECEIVED DATE</b>	<b>COMPLETED DATE</b>

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