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TOTAL PAIRS

PRESCRIPTION FORM

DO NOT USE THIS AREA

Lab Number: _____

Date in: _____

Date out: _____

TECHNICIAN (INITIAL) _____

STAGE 1: _____ STAGE 2: _____ STAGE 3: _____

ACCOUNT INFORMATION

Name/Clinic _____

Address _____

Phone (_____) _____

PATIENT INFORMATION (PLEASE PRINT)

Name _____

Gender Male Female

Weight _____

Adult Kid age _____

Shoe size _____

CLINIC BIOMECHANICAL EXAMINATION ANALYSIS

Arch Height - Non Weight Bearing
 High Medium Low

Arch Height Weight Bearing
 High Medium Low

Subtalar Joint Range of Motion
 Hypermobile Normal Restricted

Relaxed Calcaneal Stance
 Inverted Vertical Everted

Gait Pattern
 Straight In-toe Out-toe Severe in-toe

First Ray Motion

Flexible	<input type="checkbox"/> L	<input type="checkbox"/> R
Normal	<input type="checkbox"/> L	<input type="checkbox"/> R
Rigid	<input type="checkbox"/> L	<input type="checkbox"/> R

Hallux Limitus

Hallux	Mild	<input type="checkbox"/> L	<input type="checkbox"/> R
Abducto Valgus	Moderate	<input type="checkbox"/> L	<input type="checkbox"/> R
	Severe	<input type="checkbox"/> L	<input type="checkbox"/> R

Ankle Dorsiflexion

Digit Position	<input type="checkbox"/> L	<input type="checkbox"/> R
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Straight Contracted Specific _____

CHIEF COMPLAINT DIAGNOSIS

LEFT RIGHT

	Supination	Pronation
	L R	L R
Mild	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Moderate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Severe	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

TYPE OF PLASTIC 1 mm 2 mm 3 mm

Rigid (Severe Pronation) Semi Rigid (Mild Pronation) Soft - EVA (Hypersensitivity)

STANDARD TYPES OF ORTHOTICS

Casual 1/16 PPT, Vinyl

Sport 1/8 PPT, Sport mesh

Dress Vinyl only

Diabetic 1/16 PPT+1/8 Plastozote

Soft 1/8 PPT, Vinyl

UCBL 1/16 PPT, Colour kids

Marathon 1/8 PPT, Arch fill Vinyl

Pediatric 1/16 PPT, Colour kids

SIZE/LENGTH

Full Sulcus 3/4

VARIATION FOR TOP COVERS AND COLOURS

Vinyl	<input type="checkbox"/> Black only
Sports Mesh	<input type="checkbox"/> Black <input type="checkbox"/> Blue
Leather	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Tan
Plastozote	<input type="checkbox"/> Beige only
Microcell Puff	<input type="checkbox"/> Black only
Kid	<input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Yellow
	<input type="checkbox"/> Purple <input type="checkbox"/> Pink

ADDITIONS AND MODIFICATIONS

Heel Spur Pad <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	Forefoot Extension <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right
Heel Cushion <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	Reversed Morton's Extension <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right
Met Pad <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	Reinforced Arch <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right
Centre Pocket <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	Rear Foot Posting <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic
1st Ray Cut Out <input type="checkbox"/> Left <input type="checkbox"/> Right	Varus (Inversion) Both ___° Left ___° Right ___°
High Medial Flange (on top cover) (on shell) <input type="checkbox"/> Left <input type="checkbox"/> Right	Valgus (Eversion) Both ___° Left ___° Right ___°
Morton's Extension <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	Deep Heel Cup _____ mm 18mm deep
	Heel Raise <input type="checkbox"/> Left _____ mm <input type="checkbox"/> Right _____ mm

ADDITIONAL REQUEST _____
