



1593 E. Kent Avenue North, Vancouver, B.C V5P 4Y7
 604-323-9922 Toll-free: 1-800-603-9235
 FAX: 604-323-9337

- Rx Forms
- Address Labels
- Product Info
- Casts return

Dr. Name _____ Patient's Name _____ Shoes sent Yes No
 Address _____ Occupation _____ Sex _____
 _____ Shoe size _____ Shoe Type _____ Heel ht _____ Age _____ Weight _____
 _____ Sport/Activities _____
 Phone _____ Chief complaint/Diagnosis _____

LOCATION OF PAIN

Toes
 1 2 3 4 5 R
 1 2 3 4 5 L

Metatarsal Heads
 1 2 3 4 5 R
 1 2 3 4 5 L

R L R L
 Arch Ankle
 Heel Hip
 Leg Thigh
 Knee Back

ONSET

Sudden Long

TYPE OF PAIN

Burning Throbbing
 Tingling Shooting
 Sharp Lancinating

FOOT TYPE

Rigid Semirigid
 Flexible Hypermobile

FOOT APPEARANCE WEIGHTBEARING

High Medium Low

TOE POSITION

Straight Subluxed
 Contracted HAV/Tailors

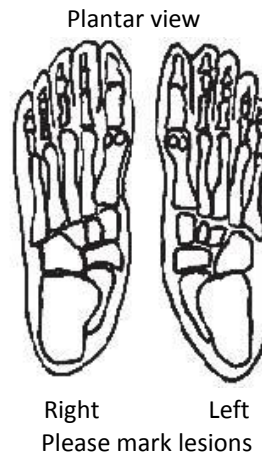
1st RAY

Rigid Flexible Hypermobile

OTHER FINDINGS

R° L°
 Hip int _____
 ext _____
 Genu Valgum _____
 Lack of fat pad _____
 Tibial Varum _____
 Ankle Dorsiflex _____
 Rearfoot varus _____
 valgus _____
 Forefoot varus _____
 valgus _____
 Hallux _____
 dorsiflex _____
 Gait Out-toe _____
 In toe _____
 Straight _____

ADDITIONAL FINDINGS / EXPLANATION OF SYMPTOMS



PAIN SEVERITY

Mild Mod Severe

LIMB LENGTH DIFFERENCE

Right _____ Left _____

ORTHOTICS Circle or check all items desired

POLYPROPYLENE

ALIGNED Sport

Multipurpose
 Specific Sport
Color White Black

Rigidity

Flexible
 Semi-rigid
 Rigid

ALIGNED Lite

All purpose
 Geriatric

Color

White
 Black

ALIGNED Composite

Dress
 High Heel (send shoe ave. heel hight)
 ALIGNED Skate/Ski

ALIGNED Ease

ALIGNED Diabetic
 ALIGNED Arthritic
 Other

KIDS ONLY Polydor or Polypropylene - Circle one

Gait Plates

To promote in-toeing out-toeing

Heel Stabilizer
 Shaffer
 Roberts-Whitman

POSTING INSTRUCTIONS

L° R°
 Rearfoot Extrinsic _____
 Intrinsic _____
 Forefoot Extrinsic _____
 Intrinsic _____
 Post to Lab values
HEEL RAISE L _____mm R _____mm

ORTHOTIC WIDTH

Narrow Regular Wide

HEEL CUP DEPTH _____mm
 (Default 16mm)

FOREFOOT ADDITIONS L° R°
 1st Metatarsal Cutout _____
 2-5 Met Bar Post _____
ALIGNED Wedge _____

INVERTED ORTHOTIC L _____° R _____°

KIRBY SKIVE 2 4 6 8 mm (circle one)

SPECIAL ADDITIONS

L° R°
 Metatarsal Bar _____
 Metatarsal Pad _____
 Neuroma Strip Pad _____
 Specify interspace _____
 Heel Spur _____
 Heel Hole _____
 Heel Pad _____
 Morton's Extension _____
 Arch Pad 1/16 1/8 3/16" _____
 Navicular Flare _____

TOP COVER Vinyl Leather
 Length Met Sulcus Toes

EXTENSION (with vinyl top cover)
 Length Sulcus Toes

MATERIALS 1/16 1/8
 Spenco _____
 Poron _____
 P-cell _____
 (specify if different thickness)

LESION ACCOMMODATION (metatarsal heads)

L R
 1 2 3 4 5 1 2 3 4 5

SPECIAL INSTRUCTIONS

