



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

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

ONSET

- Sudden Long

1st RAY

- Rigid Flexible Hypermobile

PAIN SEVERITY

- Mild Mod Severe

LIMB LENGTH DIFFERENCE

Right _____ Left _____

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



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

