

# CUSTOM PRO ORTHOTICS PRESCRIPTION FORM



## DETAILS

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Delivery address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**LAB USE ONLY**  
 Lab No: \_\_\_\_\_  
 Lab Due Date: \_\_\_\_\_

**EXPRESS Service:**

### SECTION 1: ORTHOTIC SHELL DENSITY (EVA)

Soft (White):  *2/3 & Full Length only*

Mid (Blue):  *2/3, Full Length & High Heel*

Firm (Green):  *2/3 & Full Length only*

Sports Dual (Blue/Green):  *2/3, Full Length & Dress Styles*

Paediatric Mid (Multicolour):  *2/3, Full Length & High Flange*

### SECTION 2: SHELL SHAPE

2/3 Length:  Full Length:  High Heel:

Dress Style 2/3 Length (lateral skive):

Dress Style Full Length: (lateral skive):

ActivePro: (low density & lateral skive):

Ezy-Fit (low density, slim-line):

High Flange (Paeds only):

### SECTION 3: ORTHOTIC SIZE

**Paeds Multicolour**

|                                       |                                 |                                   |
|---------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Infant       | <input type="checkbox"/> Junior | <input type="checkbox"/> Large    |
| <input type="checkbox"/> Toddler      | <input type="checkbox"/> XSmall | <input type="checkbox"/> X Large  |
| <input type="checkbox"/> Kids         | <input type="checkbox"/> Small  | <input type="checkbox"/> XX Large |
| <input type="checkbox"/> Small Junior | <input type="checkbox"/> Medium |                                   |

### SECTION 4: REARFOOT MODIFICATIONS

|                             | L                        | R                        |
|-----------------------------|--------------------------|--------------------------|
| Rearfoot Varus Wedge (>5°): | <input type="checkbox"/> | <input type="checkbox"/> |
| Rearfoot Valgus Wedge:      | <input type="checkbox"/> | <input type="checkbox"/> |
| Heel Raise:                 | _____ mm                 | _____ mm                 |
| Heel Aperture:              | <input type="checkbox"/> | <input type="checkbox"/> |
| Horse Shoe Deflection:      | <input type="checkbox"/> | <input type="checkbox"/> |

### SECTION 5: MIDFOOT MODIFICATIONS

|                         |   | L                        | R                        |
|-------------------------|---|--------------------------|--------------------------|
| Arch Block:             | <input type="checkbox"/> Soft <input type="checkbox"/> Firm | <input type="checkbox"/> | <input type="checkbox"/> |
| Plantar Fascial Groove: |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medial Flange:          | <input type="checkbox"/> Soft <input type="checkbox"/> Firm | <input type="checkbox"/> | <input type="checkbox"/> |

### SECTION 9: SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 6: FOREFOOT MODIFICATIONS

|                         | L  | R  |
|-------------------------|--|--|
| 2 - 5 Bar:              | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Metatarsal Domes:       | <input type="checkbox"/> Soft <input type="checkbox"/> Firm  | <input type="checkbox"/> SML <input type="checkbox"/> LGE <input type="checkbox"/> SML <input type="checkbox"/> LGE                    |
| Met Dome Position:      | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Deflections (Mets):     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Plantar Flexed 1st Ray: | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Forefoot Valgus:        | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Forefoot Varus:         | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Mortons Extension:      | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Inversion Ramp:         | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Eversion Ramp:          | <input type="checkbox"/>   | <input type="checkbox"/>   |
| In-Toe Gait Plate:      | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Out-Toe Gait Plate:     | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Forefoot Cushioning:    | <input type="checkbox"/> 1.6 mm <input type="checkbox"/> 3.2mm   | <input type="checkbox"/> <input type="checkbox"/>  |

### SECTION 7: FIT MODIFICATIONS (pair)

Heel Cup Height (reduce to): 5mm:  10mm:

Medial Arch Taper:

Rearfoot Taper:

Lateral Skive (*Dress Style*):

### SECTION 8: TOP COVER (pair)

Personalised logo:

**VINYL:** Black | Blue | Purple | Beige | Green | Yellow | Red | Pink

**Poron:**  1.6mm  3.2mm

**Spenco:**  1.5mm  3mm

**MULTIFORM (2mm):**

|   |  |
|---|--|
| <input type="checkbox"/> Blue/White (BW)  | <input type="checkbox"/> Green/Blue/Yellow (GBY) |
| <input type="checkbox"/> Multicolour (MT) | <input type="checkbox"/> Black/Purple (BP)       |
| <input type="checkbox"/> Black (BK)       | <input type="checkbox"/> Red/Green/Purple (RGP)  |
| <input type="checkbox"/> Blue (BU)        | <input type="checkbox"/> Green/Blue/Black (GBB)  |

**Leather:** Beige

Return via email to: info@icblaboratory.com