

ORTHOTIC WORK ORDER

Patient Name _____ Shoe Size _____ Date ____ - ____ - ____

Doctor / Account Name _____ Office Location _____

Orthotic Type

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Sport | <input type="checkbox"/> Semi - Flex |
| <input type="checkbox"/> Dress | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Cork | <input type="checkbox"/> UCBL |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Diabetic Filler |

Gait Plate In/Out

** In= 1 Long, 5 Short ; Out = 1 Short, 5 Long

Left - TMA,1,2,3,4,5

Right - TMA,1,2,3,4,5

Additional Notes:

Additional Options:

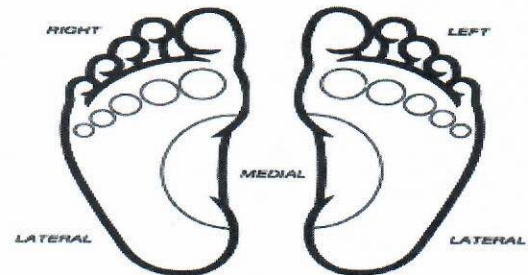
Posting

- Neutral Shell (No Extrinsic Post)
- Extrinsic Posting: Forefoot, Rearfoot
- Extensions: Met Head, Sulcus, Full Foot (Shells to Toes)

Modifications

- Arch Fill (Left , Right , Both)
- Dancers Pad (Left , Right , Both)
- Heel Lift Amount _____ (Left , Right , Both)
- Heel Spur Cutout (Left , Right , Both)
- Heel Spur Pad (Left , Right , Both)
- Metatarsal Pad (Left , Right , Both)
- Met Pad Size (Small, Medium , Large)
- Mortons Extension (Left , Right , Both)
- Scaphoid Pad (Left , Right , Both)
- Unload/ Dispersions Left _____ Right _____
- 1st Ray Cutout (Left , Right , Both)

Please Indicate Pressure / Ulcerated Areas, Missing Digits / Amputation Site On Foot Illustration Below



Please mark location of met pads