



# Custom Orthotic Prescription Form

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

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## Account Info

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ PO# / MR#: \_\_\_\_\_  
 Shipping address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

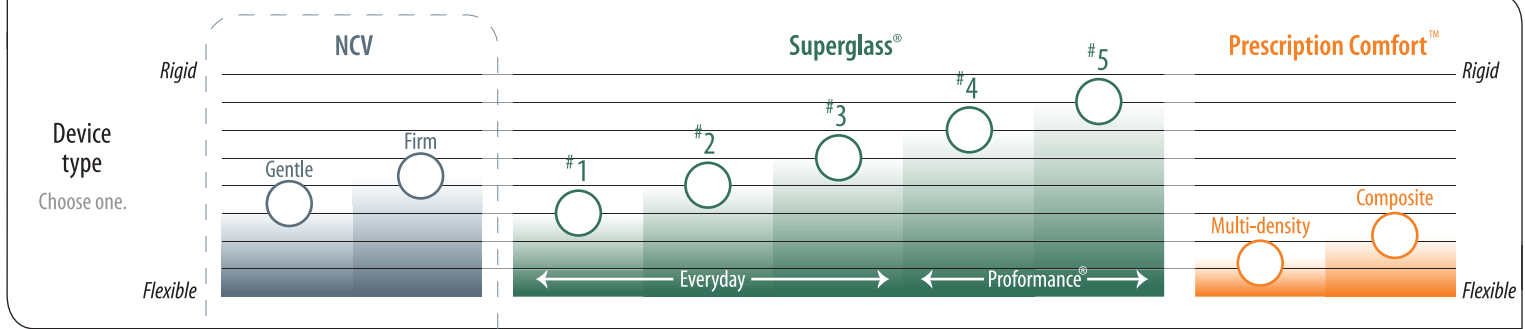
## Patient Info \*Required information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 \*DOB: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*  Male  Female  
 Shoe type:  Dress  Casual  Athletic  Other: \_\_\_\_\_  
 \*Shoe size: \_\_\_\_\_ Shoe width: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

## Order Info

3-day rush  Make \_\_\_\_\_ pairs  
 Make 2nd pair from prior Rx:  
 (# \_\_\_\_\_ )  
 Return casts (charge if casts are digitally stored)  
 Ship to patient (please provide address)  
 Left only  L Right only  R

## Specifications



Top cover material  
 All top covers available with all device types.

Black vinyl with 1/8" EVA cushion  
 Available options marked with on back page.

Black vinyl  
 Gunmetal vinyl  
 Sand vinyl  
 Black 1/8" neoprene

Gray microsuede  
 Tan leather  
 Black leather  
 DuraFORM™  1/16"  1/8"

	1/16"	1/8"
PORON® (extra soft)	<input type="checkbox"/>	<input type="checkbox"/>
P-Cell® (soft)	<input type="checkbox"/>	<input type="checkbox"/>

Top cover length

Classic (no top cover) Superglass® + NCV only

3/4

Sulcus Superglass® only

Full

Cushion

<input type="checkbox"/> 3/4		1/16"	1/8"
<input type="checkbox"/> Sulcus	PORON® (extra soft)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heel to toe	P-Cell® (soft)	<input type="checkbox"/>	<input type="checkbox"/>
	Vlyte (firm)	<input type="checkbox"/>	<input type="checkbox"/>
	DuraFORM™ (firm)	<input type="checkbox"/>	<input type="checkbox"/>

Extension

<input type="checkbox"/> Full		1/16"	1/8"
<input type="checkbox"/> Sulcus <small>Superglass® only</small>	PORON® (extra soft)	<input type="checkbox"/>	<input type="checkbox"/>
	P-Cell® (soft)	<input type="checkbox"/>	<input type="checkbox"/>
	Vlyte (firm)	<input type="checkbox"/>	<input type="checkbox"/>
	DuraFORM™ (firm)	<input type="checkbox"/>	<input type="checkbox"/>

## Specialty

High heel Superglass® shell, vinyl top cover, no cushion. Please indicate heel height.

PTTD (#6 on back)

Ski  Skate  Cycle Full-length Superglass® shell, vinyl top cover & 1/16" cushion. Provide insole or tracing.

Notes

Rx Options

**Bold** = Most ordered options

**▬** = Available with NCV

**1 Kirby skive**

L  B/L  R

**2 Arch fill**

L  B/L  R

Flat  Tight  
Less intimate to arch    Contours intimately to arch

**3 Plantar medial fill**

L  B/L  R

**4 Deep heel cup**

L  B/L  R

**5 High medial/lateral**

L  B/L  R

High medial     High lateral

**6 PTTD**

L  B/L  R

**7 Child's device**

L  B/L  R

**8 Gait plate**

L  B/L  R

Child     Promote in-toeing  
 Adult     Promote out-toeing

**9 Forefoot post**

Varus    Valgus  
 Extrinsic     Extrinsic  
 Intrinsic     Intrinsic

Left \_\_\_\_\_ Right \_\_\_\_\_

**10 Heel post**

Left \_\_\_\_\_ Right \_\_\_\_\_  
Varus \_\_\_\_\_ Valgus \_\_\_\_\_  
Vertical \_\_\_\_\_ Vertical \_\_\_\_\_  
Valgus \_\_\_\_\_ Valgus \_\_\_\_\_

Maximum of 4° on NCV

**11 Heel raise**

Left	1/8"	2/8"	3/8"	4/8"
Right	1/8"	2/8"	3/8"	4/8"

Maximum of 2/8" on NCV

**12 Balance tip post**

L  B/L  R

**13 Heel cushion**

L  B/L  R

**14 Horseshoe cushion**

L  B/L  R

**15 Donut cushion**

L  B/L  R

**16 Medial accomm.**

L  B/L  R  
 In device     Cushion

**17 Met pad full**

L  B/L  R  
 Soft     Firm

**18 Met pad**

L  B/L  R  
 Soft     Firm

**19 Met raise**

L  B/L  R

**20 Dancer's met pad**

L  B/L  R

1 2 3 4 5    1 2 3 4 5

**21 Neuroma pad**

L  B/L  R

1 2 3 4    1 2 3 4

**22 Shaft pad**

L  B/L  R

1 2 3 4 5    1 2 3 4 5

**23 Cuboid/base of 5th**

L  B/L  R

In device     Cuboid  
 Pad     Base of 5th

**24 Navicular accomm.**

L  B/L  R  
 In device     Pad

**25 Forefoot wedge**

L  B/L  R  
 Varus     Valgus

**26 Morton's extension**

L  B/L  R  
 In device     In cushion

**27 Hallux accomm.**

L  B/L  R

**28 Toe crest accomm.**

L  B/L  R

**29 Scaphoid pad**

L  B/L  R

**30 High medial overlay**

L  B/L  R

**31 Plantar fascia**

L  B/L  R  
 In device     In cushion

**32 Cutouts**

L  B/L  R  
1 2 3 4 5    1 2 3 4 5  
 In device     In cushion

**33 Amputee**

**34 X-Guard™** (Leather Tips)

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

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

