

Custom Orthotic Prescription Form

Date: _____
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Account Info

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

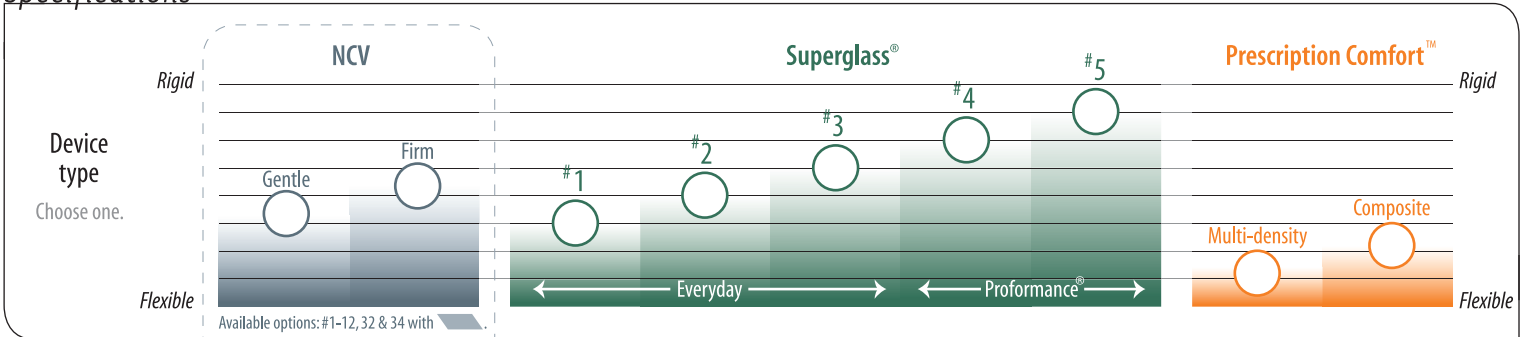
Patient Info *Required information

*Last name: _____ *First name: _____
*Age/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



Device type: Choose one.

Rigid options: NCV (Gentle, Firm), Superglass® (#1-#5), Prescription Comfort™ (Multi-density, Composite).

Flexible options: Superglass® (Everyday, Performance), Prescription Comfort™ (Multi-density, Composite).

Available options: #1-12, 32 & 34 with _____

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

Black vinyl with 1/8" EVA cushion (Available options: #13-34 with _____)

Black vinyl Gray microsuede
 Gunmetal vinyl Tan leather
 Sand vinyl Black leather
 Black 1/8" neoprene DuraFORM™ 1/16" 1/8"

PORON® (extra soft) 1/16" 1/8" (Not available)
P-Cell® (soft)

Top cover length: Classic (no top cover) (Superglass® + NCV only) 3/4 Sulcus (Superglass® only) Full

Cushion: 3/4 Sulcus Heel to toe

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

Extension: Full Sulcus (Superglass® only)

		1/16"	1/8"
<input type="checkbox"/> PORON® (extra soft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> P-Cell® (soft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vylite (firm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DuraFORM™ (firm)	<input type="checkbox"/>	<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 or black vinyl with 1/8" EVA cushion.

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 _____ Varus _____
 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

Signature: _____ Print name: _____

Date: _____

