

## Custom Orthotic Prescription Form

Date: \_\_\_\_\_  
 1091 Fir Avenue | Blaine, WA 98230 | P) 800-443-7260 | F) 360-332-5306 | E) customercare@nwpodiatric.com

### 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** (top row): NCV (Gentle, Firm), Superglass® (#1-#5), Prescription Comfort™ (Multi-density, Composite)

**Flexible** (bottom row): 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"
PORON® (extra soft)	<input type="checkbox"/>	<input type="checkbox"/>
P-Cell® (soft)	<input type="checkbox"/>	<input type="checkbox"/>
DuraFORM™ (firm)	<input type="checkbox"/>	<input type="checkbox"/>

Extension:  Full  Sulcus (Superglass® only)

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

