

RX FORM *Basics*

TWO PATHS TO CUSTOM ORTHOTIC SUCCESS. CHOOSE ONE.

NORTHWEST SELECT ORTHOTICS™
Check a [single box](#) to provide your patients with custom orthotics for common activities & pathologies!

1
Fully and accurately complete ACCOUNT INFO, PATIENT INFO and ORDER INFO sections of RX.

2
Locate the NORTHWEST SELECT ORTHOTICS section (upper-middle on front page).

Based on your treatment goal, make a selection in either the ACTIVITY/USE or FOOT PAIN/PATHOLOGY subsection.

INSIDER TIP #1

For more detailed information about the materials & options, refer to our Rx Guide. nwpodiatric.com/docs.

3
Review configuration details in SPECS FOR NORTHWEST SELECT ORTHOTICS on the back of the RX (upper section).

4
To replace/add/subtract options, add an explanation to the NOTES section indicating the change(s).

YOU BUILD ORTHOTICS™
Design every aspect of the orthotic from the shell to the top cover to accommodations.

1
Fully and accurately complete ACCOUNT INFO, PATIENT INFO and ORDER INFO sections of RX.

2
Find YOU BUILD ORTHOTICS section (middle on front page).

SHELL/FOUNDATION and TOP COVER LENGTH AND MATERIAL sections require a selection.

3
Make selections from the CUSHION and EXTENSION sections (most orders).

INSIDER TIP #2
Contact NWPL's Customer Care Team at 800-443-7260 or customercare@nwpodiatric.com for additional assistance.

4
Make selections from the ORTHOTIC OPTIONS section (some orders).

5
Add additional information in the NOTES section.

Front

PODIATRIC
LABORATORY

RX FORM
CUSTOM ORTHOTICS

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

PATIENT INFO
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 + 2 day shipping Make _____ pairs
 Make from prior Rx: (# _____)
 Ship to patient (please provide address)
 Left only Right only

NORTHWEST SELECT ORTHOTICS™ Select one. Specs on reverse.

Activity/use	Foot pain/pathology
<input type="checkbox"/> Athletic <input type="checkbox"/> Low profile shoes <input type="checkbox"/> Standard / high profile shoes <input type="checkbox"/> Standard / high profile shoes + lateral stability	<input type="checkbox"/> AARPTD <input type="checkbox"/> Plantar fasciitis <input type="checkbox"/> Heel spurs <input type="checkbox"/> Amputee
<input type="checkbox"/> Accommodative <input type="checkbox"/> Control + comfort <input type="checkbox"/> Comfort <input type="checkbox"/> Dress <input type="checkbox"/> Heel below 1.5" <input type="checkbox"/> Heel above 1.5"	<input type="checkbox"/> Sesamoiditis/hallux limitus <input type="checkbox"/> Lateral ankle instability/peroneal tendonitis <input type="checkbox"/> Gait plate <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Promote out-toe <input type="checkbox"/> Promote in-toe
<input type="checkbox"/> Everyday <input type="checkbox"/> Child <input type="checkbox"/> Ski/skate/cycle	

YOU BUILD ORTHOTICS™ Underlined options are standard/default. Rx forms with missing/incomplete information will automatically revert to standard/default options.

Shell/foundation

Superglass® # _____
 NCV™ _____
 Prescription Comfort® _____

Arch height (shell)
 Very high (they minimize to arch)
 High (optimize to arch)
 Standard
 Low (less intensive to arch)

Top cover length and material

No top cover
 Vinyl Charcoal Dark brown Gray-tan Blue-gray Leather (black)
 Neoprene 1/16" (1.5mm) 1/8" (3.2mm) Microsuede Black Gray
 Firm EVA 1/16" (1.5mm) 1/8" (3.2mm) Soft EVA 1/16" (1.5mm) 1/8" (3.2mm)

X-Guard (bottom cover)
 Standard
 Silicas
 Full
 Composite

Cushion
 PORON® 1/16" (1.5mm) 1/8" (3.2mm)
 Soft EVA 1/16" (1.5mm) 1/8" (3.2mm)
 Firm EVA 1/16" (1.5mm) 1/8" (3.2mm)

Extension
 Full
 Silicas
 PORON® 1/16" (1.5mm) 1/8" (3.2mm)
 Soft EVA 1/16" (1.5mm) 1/8" (3.2mm)
 Firm EVA 1/16" (1.5mm) 1/8" (3.2mm)

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Back

SPECS FOR NORTHWEST SELECT ORTHOTICS™

Activity/use	Foot pain/pathology
Everyday Superglass Everyday shell / charcoal vinyl top cover (heel to heel) / 1/16" firm EVA extension (heel) / X-Guard (standard) Dress - Heel below 1.5" Superglass Everyday shell / black microsuede top cover (to outsole) / 1/16" PORON extension (heel-to-heel) / X-Guard (standard) Dress - Heel above 1.5" Superglass High Heel shell / leather top cover (to outsole) / 1/16" PORON extension (heel-to-heel) / X-Guard (standard) ***Please specify heel height*** Athletic - Low profile shoes Superglass Performance shell / charcoal vinyl top cover (3/4-length) / X-Guard (standard) Athletic - Standard / high profile shoes Superglass Performance shell / 1/16" neoprene top cover (heel to heel) / 1/16" firm EVA extension (heel) / deep heel cup / X-Guard (standard) Athletic - Standard / high profile shoes + stability Superglass Performance shell / 1/16" neoprene top cover (heel to heel) / 1/16" firm EVA extension (heel) / deep heel cup / heel post (heel-to-heel) / X-Guard (standard) Accommodative - Control + comfort Prescription Comfort Composite / charcoal vinyl top cover (heel to heel) / 1/16" PORON cushion (heel to heel) Accommodative - Control Prescription Comfort Multi-Density / 1/16" soft EVA top cover (heel to heel) / 1/16" PORON cushion (heel to heel) Ski/skate/cycle Superglass Full-Length shell / charcoal vinyl top cover (heel to heel) / 1/16" firm EVA cushion (heel to heel) ***Specify sport & sand liner or tracing of liner*** Child Superglass Everyday shell (child design) / no top cover / high medial / high lateral	AARPTD Superglass Performance shell (AARPTD design) / charcoal vinyl top cover (3/4-length) / low arch (heel) / medial heel skive / deep heel cup / outsole (heel-to-heel) / X-Guard (standard) / heel post (heel-to-heel) / high medial outsole Plantar fasciitis Superglass Everyday shell / charcoal vinyl top cover (heel to heel) / 1/16" firm EVA extension (heel) / medial heel skive / deep heel cup / high arch height / X-Guard (standard) Heel spurs Superglass Everyday shell / charcoal vinyl top cover (heel to heel) / 1/16" PORON cushion (heel to heel) / 1/16" firm EVA extension (heel) / deep heel cup / heel cushion Gait plate (patented in/heel-heel -child) Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length) Gait plate (patented in/heel-heel -adult) Superglass Everyday shell (lateral ankle instability/peroneal tendonitis design) / charcoal vinyl top cover (3/4-length) / outsole (heel-to-heel) / 3 degree angled / heel post (heel-to-heel) / outsole (heel-to-heel) / deep heel cup / heel-to-heel cup Amputee Prescription Comfort Composite (amputee design) / 1/16" soft EVA top cover (heel to heel) / 1/16" firm EVA extension (heel)

ORTHOTIC OPTIONS ⊕ = Bilateral * = Unavailable with NCV shell/foundation

Posting	Heel	Metatarsal	Forefoot
Left: _____ Right: _____ Varus: _____ Valgus: _____ Vertical: _____ Vertical: _____	Deep heel cup <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heel cushion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medial heel skive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horseshoe cushion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cutout <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In device <input type="checkbox"/> In cushion <input type="checkbox"/> Met pad <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Forefoot wedge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> Morton's extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOTES AND SIGNATURE

Signature: _____ Print name: _____
 Date: _____

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