

# RX FORM *Basics*

## TWO WAYS TO ORDER CUSTOM ORTHOTICS

### NORTHWEST SELECT ORTHOTICS™

Check a **single box** to order fully custom orthotics for common activities and types of foot pain!

**1**

Complete *Account info*, *Patient info*, and *Order info* sections of prescription form.

**2**

Make ONE selection in either the *Activity/use* or *Foot pain/pathology* sections, based on your treatment goals.

### YOU BUILD ORTHOTICS™

Design the perfect custom orthotics. Choose from a wide variety of materials and options.

**1**

Complete *Account info*, *Patient info*, and *Order info* sections of prescription form.

**2**

Make selection in the *Shell/foundation* and *Top cover length and material* sections.

**3**

Make selections from the *Cushion* and/or *Extensions* sections (most orders).

Front
RX FORM  
CUSTOM ORTHOTICS

**ACCOUNT INFO**  
Account #: \_\_\_\_\_ Name: \_\_\_\_\_ PO# / MR#: \_\_\_\_\_  
Shipping address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PATIENT INFO**      **ORDER INFO**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 3-day rush       Make \_\_\_\_\_ pairs  
 No shipping       Make from prior Rx: (# \_\_\_\_\_)  
 Age/DOB: \_\_\_\_\_ Height: \_\_\_\_\_  Male  Female       Ship to patient (please provide address)  
 Shoe size (Required): \_\_\_\_\_ Shoe width: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Left only       Right only

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How to order: Choose ONE option from Northwest Select Orthotics® OR Design your own orthotics using You Build Orthotics®

**NORTHWEST SELECT ORTHOTICS™** Choose ONE from Activity/use orthotics or Foot pain/pathology orthotics. Specify on reverse.

<p><b>Activity/use orthotics</b></p> <p><b>Athletic</b>  <input type="checkbox"/> Low profile shoes  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly  <input type="checkbox"/> Standard / high profile shoes  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Accommodative</b>  <input type="checkbox"/> Control + comfort  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Dress</b>  <input type="checkbox"/> Heel below 1.5"  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly  <input type="checkbox"/> Heel above 1.5" (Heavily weighted)  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Everyday</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Child</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Skis/skate/cycle</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p>	<p><b>Foot pain/pathology orthotics</b></p> <p><b>AAPTID</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Sesamoiditis/hallux limitus</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Plantar fasciitis</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Heel spurs</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Lateral ankle instability/peroneal tendinitis</b>  <input type="checkbox"/> Superglass® <input type="checkbox"/> Poly</p> <p><b>Amputee (Please specify level)</b>  <input type="checkbox"/> Prescription Cert. <input type="checkbox"/> Poly</p>
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**YOU BUILD ORTHOTICS™** Design the perfect custom orthotics. Rx forms with missing information will automatically revert to underlined options.

**Shell/foundation**      **Arch height (select)**

Superglass®  
 Ultra-thin graphite & fiberglass composite.  
 Polypropylene  
 Shock-absorbing, wear-resistant, selects thickness based on weight.  
 NCV®  
 Custom fiber-reinforced engineered nylon. 1.5-200 lbs.  
 Prescription Comfort® (PC)  
 Comfort that makes its shape.

Least rigid      **Flex**      **Everlyze**      **Performance®**      **More rigid**

Very high (Very sensitive to arch)  
 High (Moderate to arch)  
 Standard  
 Low (Less sensitive to arch)

**Top cover length and material**

No top cover  
 Vinyl  
 Charcoal     Dark brown     Gray-tan     Blue-gray     Leather (back)

Neoprene 1/16" (0.1875")  1/8" (0.3125")    Microsuede    Black    Gray

Firm EVA 1/16" (0.1875")  1/8" (0.3125")    Soft EVA 1/16" (0.1875")  1/8" (0.3125")

For short feet use 1/16" or custom top cover lengths; a cushion or extension layer is required to extend for 1/8" response & 1/16" Firm or Soft EVA.

**X-Guard (bottom cover)**

Standard  
 Suction  
 Full  
 Suction

**Cushion**

P-Foam    1/16" (0.1875")    1/8" (0.3125")  
 Soft EVA    1/16" (0.1875")    1/8" (0.3125")  
 Firm EVA    1/16" (0.1875")    1/8" (0.3125")

**Extension**

Full    P-Foam    1/16" (0.1875")    1/8" (0.3125")  
 Suction    Soft EVA    1/16" (0.1875")    1/8" (0.3125")  
 Firm EVA    1/16" (0.1875")    1/8" (0.3125")

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**TIP #1**

For more detailed information about materials and options, refer to our Rx Guide. [nwpodiatric.com/rxguide](http://nwpodiatric.com/rxguide)

**3**

Review configuration details in *Specs for Northwest Select Orthotics*.

Back

**SPECS FOR NORTHWEST SELECT ORTHOTICS™**

<p><b>Activity/use orthotics</b></p> <p><b>Everyday</b>                  Superglass Everyday shell OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Dress - heel below 1.5"</b>                  Superglass Overlay shell OR Polypropylene Semi-rigid shell / black micro suede top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Dress - heel above 1.5"</b>                  Superglass Heel shell / leather to heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Athletic - low profile shoes</b>                  Superglass Performance shell OR Polypropylene Right shell / checked vital top cover (1A-10pts) / 3" last/standard</p> <p><b>Athletic - Standard / high profile shoes</b>                  Superglass Performance shell OR Polypropylene Right shell / 1/16" response top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Accommodative - control + comfort</b>                  Superglass Performance shell OR Polypropylene Right shell / checked vital top cover heel to ball / 1/16" Firm EVA response level to ball</p> <p><b>Skis/skate/cycle</b>                  Prescription Comfort Custom Shell OR Polypropylene Over-Shell / checked vital top cover heel to ball / 1/16" Firm EVA cushion heel to ball</p> <p><b>Child</b>                  Superglass Everyday shell (last design) / no top cover / high last/last</p>	<p><b>Foot pain/pathology orthotics</b></p> <p><b>AAPTID</b>                  Superglass Performance shell OR Polypropylene Right shell OR Polypropylene Right shell OR AAPTID design / checked vital top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Plantar fasciitis</b>                  Superglass Overlay shell OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Sesamoiditis/hallux limitus</b>                  Superglass Overlay shell OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Heel spurs</b>                  Superglass Overlay shell OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Lateral ankle instability/peroneal tendinitis</b>                  Superglass Overlay shell OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level to ball / 1/16" Firm EVA response level / 2" custom/standard</p> <p><b>Amputee</b>                  Prescription Comfort Custom (specify design) OR Polypropylene Semi-rigid shell / checked vital top cover heel to ball / 1/16" Firm EVA response level</p>
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**ORTHOTIC OPTIONS**       - Bifurcal       - Incompatible with Polypropylene or NCV shell/foundation

<p><b>Posting</b></p> <p><b>Heel post</b>  <input type="checkbox"/> Standard    <input type="checkbox"/> Integrated (no wax)                  Left: _____ Right: _____                  Vertical: _____                  Valgus: _____                  Varus: _____                  Max. # of wax used on integrated post</p> <p><b>Heel lift (requires heel post)</b>                  Left: _____ Right: _____                  1/8" (0.125")    1/4" (0.250")    3/8" (0.375")    1/2" (0.500")                  Max. # of wax used on heel post</p> <p><b>Forefoot post</b>  <input type="checkbox"/> Standard    <input type="checkbox"/> Integrated (no wax)                  Left: _____ Right: _____                  Vertical: _____                  Valgus: _____                  Varus: _____                  Max. # of wax used on integrated post</p>	<p><b>Heel</b></p> <p>Deep heel cup    Medial heel skive                  Heel cushion    Horseshoe cushion                  Donut cushion    Medial accum.                  Arch/midfoot (See Prescription Center for shell accommodations in wax build)                  High medial overlay    Base of 5th/5th styloid                  Scaphoid pad    Cuboid accom.                  Flatten plantar medial    Plantar fascia accom.                  Plantar fascia accom.    Navicular accom.                  High medial (in shell)*    High lateral (in shell)*</p>	<p><b>Metatarsal</b></p> <p>Cutout                  1 2 3 4 5    1 2 3 4 5  <input type="checkbox"/> In shell    <input type="checkbox"/> In cushion                  Met pad  <input type="checkbox"/> Soft    <input type="checkbox"/> Firm                  Full met pad                  Met raise (in shell)*                  1 2 3 4 5    1 2 3 4 5                  Dancer's pad                  1 2 3 4 5    1 2 3 4 5                  Neuroma pad                  1 2 3 4    1 2 3 4                  Shaft pad                  1 2 3 4 5    1 2 3 4 5</p>	<p><b>Forefoot</b></p> <p>Forefoot wedge  <input type="checkbox"/> Varies    <input type="checkbox"/> Valgus                  Morton's extension  <input type="checkbox"/> In shell*    <input type="checkbox"/> In cushion                  Rev. Morton's extension                  (Select in wax only)                  Hallux accom.                  Toe crest accom.                  1 2 3 4 5    1 2 3 4 5                  L    R</p>
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**NOTES AND SIGNATURE**

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

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**TIP #3**

Contact NWPL's Customer Care Team at 800-443-7260 or [customercare@nwpodiatric.com](mailto:customercare@nwpodiatric.com) for additional assistance.

**4**

Make selections from the *Orthotic options* section (some orders).

**4**

To add/subtract options, use the *Notes* section to indicate change(s).

**5**

Add any additional information in the *Notes* section.