

# 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

##### Athletic

- Low profile shoes
- Standard / high profile shoes
- Standard / high profile shoes + lateral stability

##### Accommodative

- Control + comfort
- Comfort

##### Dress

- Heel below 1.5"
- Heel above 1.5"

- Everyday
- Child
- Ski/skate/cycle

#### Foot pain/pathology

- AAF/PTTD
- Plantar fasciitis
- Heel spurs
- Amputee
- Sesamoiditis/hallux limitus
- Lateral ankle instability/peroneal tendonitis

##### Gait plate

- Adult  Child
- Promote out-toe  Promote in-toe

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

#### Shell/foundation

##### Superglass® #

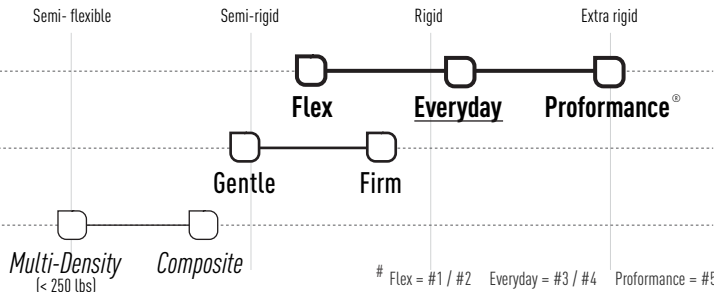
Durable, ultra-thin graphite & fiberglass composite.

##### NCV™

Carbon fiber-reinforced engineered nylon. Firm but forgiving. (< 250 lbs)

##### Prescription Comfort™

Comfort and support that maintains its shape.



#### Arch height (shell)

- Very high (Very intimate to arch)
- High (Intimate to arch)
- Standard
- Low (Less intimate to arch)

#### Top cover length and material

- No top cover
- 3/4
- To sulcus
- Heel to toe

Vinyl  Charcoal  Dark brown  Gray-tan  Blue-gray  Leather (black)

Neoprene  1/16" (1.5mm)  1/8" (3.0mm)    Microsuede  Black  Gray

Firm EVA  1/16" (1.5mm)  1/8" (3.0mm)    Soft EVA  1/16" (1.5mm)  1/8" (3.0mm)

#### X-Guard (bottom cover)

- Standard
- Sulcus
- Full
- Complete

#### Cushion

- 3/4
- To sulcus
- Heel to toe

PORON®  1/16" (1.5mm)  1/8" (3.0mm)

Soft EVA  1/16" (1.5mm)  1/8" (3.0mm)

Firm EVA  1/16" (1.5mm)  1/8" (3.0mm)

#### Extension

- Full
- Sulcus

PORON®  1/16" (1.5mm)  1/8" (3.0mm)

Soft EVA  1/16" (1.5mm)  1/8" (3.0mm)

Firm EVA  1/16" (1.5mm)  1/8" (3.0mm)

# SPECS FOR NORTHWEST SELECT ORTHOTICS™

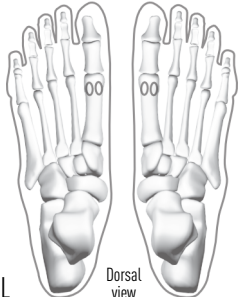
## Activity/use

<b>Everyday</b>	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / X-Guard (standard)
<b>Dress - Heel below 1.5"</b>	Superglass Everyday shell / black microsuede top cover (to sulcus) / 1/16" PORON extension (sulcus-length) / X-Guard (standard)
<b>Dress - Heel above 1.5"</b>	Superglass High Heel shell / leather top cover (to sulcus) / 1/16" PORON extension (sulcus-length) ***Please specify heel height***
<b>Athletic - Low profile shoes</b>	Superglass Performance shell / charcoal vinyl top cover (3/4-length) / X-Guard (standard)
<b>Athletic - Standard / high profile shoes</b>	Superglass Performance shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / X-Guard (standard)
<b>Athletic - Standard / high profile shoes + stability</b>	Superglass Performance shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel post (vertical) / X-Guard (standard)
<b>Accommodative - Control + comfort</b>	Prescription Comfort Composite / charcoal vinyl top cover (heel to toe) / 1/16" PORON cushion (heel to toe)
<b>Accommodative - Comfort</b>	Prescription Comfort Multi-Density / 1/16" soft EVA top cover (heel to toe) / 1/16" PORON cushion (heel to toe)
<b>Ski/skate/cycle</b>	Superglass Full-Length shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA cushion (heel to toe) ***Specify sport & send liner or tracing of liner***
<b>Child</b>	Superglass Everyday shell (child design) / no top cover / high medial / high lateral

## Foot pain/pathology

<b>AAF/PTTD</b>	Superglass Performance shell (AAF/PTTD design) / charcoal vinyl top cover (3/4-length) / low arch height / medial heel skive / deep heel cup / extrinsic forefoot post (3 degrees varus) / heel post (vertical) / high medial overlay
<b>Plantar fasciitis</b>	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / medial heel skive / deep heel cup / high arch height / X-Guard (standard)
<b>Sesamoiditis/hallux limitus</b>	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" Firm EVA extension (full) / Dancer's pad with cutout 1st
<b>Heel spurs</b>	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" PORON cushion (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel cushion
<b>Gait plate (promote in/out-toe) -child</b>	Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover
<b>Gait plate (promote in/out-toe) -adult</b>	Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)
<b>Lateral ankle instability/peroneal tendonitis</b>	Superglass Everyday shell (lateral ankle instability/peroneal tendonitis design) / charcoal vinyl top cover (3/4-length) / extrinsic forefoot post (3 degrees valgus) / heel post (vertical, cut perpendicular to improve lateral stability) / deep heel cup
<b>Amputee</b>	Prescription Comfort Composite (amputee design) / 1/16" soft EVA top cover (heel to toe) / 1/16" firm EVA extension (full)

## ORTHOTIC OPTIONS = Bilateral \* = Unavailable with NCV shell/foundation

<h3>Posting</h3> <p><b>Heel post</b></p> <table border="1"> <tr> <th>Left</th> <th>Right</th> </tr> <tr> <td>Varus _____<sup>0</sup></td> <td>Varus _____<sup>0</sup></td> </tr> <tr> <td>Vertical _____<sup>0</sup></td> <td>Vertical _____<sup>0</sup></td> </tr> <tr> <td>Valgus _____<sup>0</sup></td> <td>Valgus _____<sup>0</sup></td> </tr> </table> <p>Maximum of 4° on NCV</p> <p><b>Heel lift (requires heel post)</b></p> <table border="1"> <tr> <th>Left</th> <th>Right</th> </tr> <tr> <td>1/8" (3.0mm)</td> <td>1/8" (3.0mm)</td> </tr> <tr> <td>2/8" (6.0mm)</td> <td>2/8" (6.0mm)</td> </tr> <tr> <td>3/8" (9.0mm)</td> <td>3/8" (9.0mm)</td> </tr> <tr> <td>4/8" (12.0mm)</td> <td>4/8" (12.0mm)</td> </tr> </table> <p>Maximum of 2/8" (6.0mm) on NCV</p> <p><b>Forefoot post</b></p> <table border="1"> <tr> <th>Left</th> <th>Right</th> </tr> <tr> <td><input type="checkbox"/> Extrinsic</td> <td><input type="checkbox"/> Extrinsic</td> </tr> <tr> <td><input type="checkbox"/> Intrinsic</td> <td><input type="checkbox"/> Intrinsic</td> </tr> <tr> <td>Varus _____<sup>0</sup></td> <td>Varus _____<sup>0</sup></td> </tr> <tr> <td>Vertical _____<sup>0</sup></td> <td>Vertical _____<sup>0</sup></td> </tr> <tr> <td>Valgus _____<sup>0</sup></td> <td>Valgus _____<sup>0</sup></td> </tr> </table>	Left	Right	Varus _____ <sup>0</sup>	Varus _____ <sup>0</sup>	Vertical _____ <sup>0</sup>	Vertical _____ <sup>0</sup>	Valgus _____ <sup>0</sup>	Valgus _____ <sup>0</sup>	Left	Right	1/8" (3.0mm)	1/8" (3.0mm)	2/8" (6.0mm)	2/8" (6.0mm)	3/8" (9.0mm)	3/8" (9.0mm)	4/8" (12.0mm)	4/8" (12.0mm)	Left	Right	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Intrinsic	Varus _____ <sup>0</sup>	Varus _____ <sup>0</sup>	Vertical _____ <sup>0</sup>	Vertical _____ <sup>0</sup>	Valgus _____ <sup>0</sup>	Valgus _____ <sup>0</sup>	<h3>Heel</h3> <p><b>Deep heel cup</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Heel cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Donut cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Medial heel skive</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Horseshoe cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Medial accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> Pad</p> <hr/> <h3>Arch/midfoot</h3> <p><b>High medial overlay</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Scaphoid pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Flatten plantar medial</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Plantar fascia accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> In cushion</p> <p><b>High medial (in shell)*</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Base of 5th/styloid</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> Pad</p> <p><b>Cuboid accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> Pad</p> <p><b>Navicular accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> Pad</p> <p><b>High lateral (in shell)*</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p>	<h3>Metatarsal</h3> <p><b>Cutout</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p> <p><input type="checkbox"/> In device <input type="checkbox"/> In cushion</p> <p><b>Met pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Soft <input type="checkbox"/> Firm</p> <p><b>Full met pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Met raise (in shell)*</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p> <p><b>Dancer's pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 1 2 3 4</p> <p><b>Neuroma pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 1 2 3 4</p> <p><b>Shaft pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p>	<h3>Forefoot</h3> <p><b>Forefoot wedge</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Varus <input type="checkbox"/> Valgus</p> <p><b>Morton's extension</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device* <input type="checkbox"/> In cushion</p> <p><b>Reverse Morton's ext.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In device <input type="checkbox"/> In cushion</p> <p><b>Hallux accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Toe crest accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <div style="text-align: center;">  <p>L <span style="margin-left: 100px;">Dorsal view</span> R</p> </div>
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## NOTES AND SIGNATURE

Signature: \_\_\_\_\_

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

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