

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®

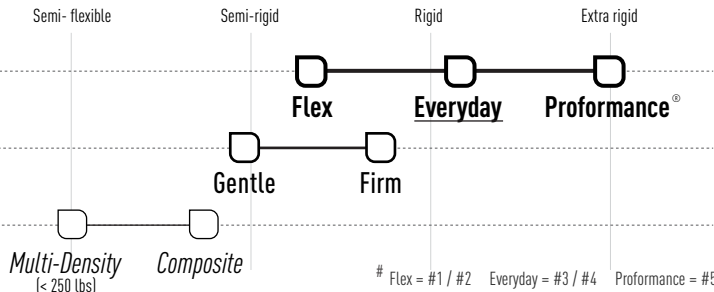
Durable, ultra-thin graphite & fiberglass composite.

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)

1/16" top cover requires extension

X-Guard (bottom cover)

- Standard
- Sulcus
- Full
- Complete

Cushion

- 3/4
- To sulcus
- Heel to toe

- P-Foam 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

- P-Foam 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

Everyday	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / X-Guard (standard)
Dress - Heel below 1.5"	Superglass Everyday shell / black microsuede top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) / X-Guard (standard)
Dress - Heel above 1.5"	Superglass High Heel shell / leather top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) ***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 toe) / 1/16" firm EVA extension (full) / deep heel cup / X-Guard (standard)
Athletic - Standard / high profile shoes + stability	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)
Accommodative - Control + comfort	Prescription Comfort Composite / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Accommodative - Comfort	Prescription Comfort Multi-Density / 1/16" soft EVA top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Ski/skate/cycle	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***
Child	Superglass Everyday shell (child design) / no top cover / high medial / high lateral

Foot pain/pathology

AAF/PTTD	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
Plantar fasciitis	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)
Sesamoiditis/hallux limitus	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" Firm EVA extension (full) / Reverse Morton's extension
Heel spurs	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel cushion
Gait plate (promote in/out-toe) -child	Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover
Gait plate (promote in/out-toe) -adult	Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)
Lateral ankle instability/peroneal tendonitis	Superglass Everyday shell (lateral ankle instability/peroneal tendonitis design) / charcoal vinyl top cover (3/4-length) / extrinsic forefoot post (3 degrees valgus) / heel post - crepe (vertical, cut perpendicular to improve lateral stability) / deep heel cup
Amputee	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>Heel post</p> <table border="1"> <tr> <th>Left</th> <th>Right</th> </tr> <tr> <td>Varus _____⁰</td> <td>Varus _____⁰</td> </tr> <tr> <td>Vertical _____⁰</td> <td>Vertical _____⁰</td> </tr> <tr> <td>Valgus _____⁰</td> <td>Valgus _____⁰</td> </tr> </table> <p>Maximum of 4° on NCV</p> <p>Heel lift (requires heel post)</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>Forefoot post</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 _____⁰</td> <td>Varus _____⁰</td> 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<input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Horseshoe cushion</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Medial accom.</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>High medial overlay</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Scaphoid pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Flatten plantar medial</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Plantar fascia accom.</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>High medial (in shell)*</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Base of 5th/styloid</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>Cuboid accom.</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>Navicular accom.</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>High lateral (in shell)*</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p>	<h3>Metatarsal</h3> <p>Cutout</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>Met pad</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>Full met pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Met raise (in shell)*</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>Dancer's pad</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>Neuroma pad</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>Shaft pad</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>Forefoot wedge</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>Morton's extension</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>Rev. Morton's extension</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Cutout in pad only</p> <p>Hallux accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Toe crest accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <div style="text-align: center;">  <p>L Dorsal view R</p> </div>
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NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____