

Reset Finish Print

Patient Name

Clinic

Clinic Phone

Shoe Size Height Rush Order

Date of Birth Weight

Diabetic Sex

Orthotic Type	Top Cover Length	Top Cover Material
Low Profile <input type="radio"/>	No Top Cover <input type="radio"/>	Vinyl <input type="radio"/>
Fashion <input type="radio"/>	To Met Length <input type="radio"/>	2mm Multiform <input type="radio"/>
Slim Line Heelcup <input type="radio"/>	Sulcus Length <input type="radio"/>	
Standard Heelcup <input type="radio"/>	To Full Length <input type="radio"/>	

Chief Complaints / Comments

Foot Appearances	L	R
High Arch	<input type="radio"/>	<input type="radio"/>
Medium Arch	<input type="radio"/>	<input type="radio"/>
Low Arch	<input type="radio"/>	<input type="radio"/>

Toe Positions	L	R
Average	<input type="radio"/>	<input type="radio"/>
Loose	<input type="radio"/>	<input type="radio"/>
Contracted	<input type="radio"/>	<input type="radio"/>
HAV	<input type="radio"/>	<input type="radio"/>

Leg Length Discrepancy: L R

First Met Position	L	R
Normal	<input type="radio"/>	<input type="radio"/>
Planter Flexed	<input type="radio"/>	<input type="radio"/>
Dorsi Flexed	<input type="radio"/>	<input type="radio"/>

Range of Motion	L	R
Normal Limits	<input type="radio"/>	<input type="radio"/>
Loose	<input type="radio"/>	<input type="radio"/>
Restricted	<input type="radio"/>	<input type="radio"/>

Ankle Dorsiflection : L R

Metatarsal	L	R
Flexible	<input type="radio"/>	<input type="radio"/>
Semi Rigid	<input type="radio"/>	<input type="radio"/>
Rigid	<input type="radio"/>	<input type="radio"/>
Hyper Mobile	<input type="radio"/>	<input type="radio"/>

Posting (Degrees)	L	R
Rear Foot Varus	<input type="text"/>	<input type="text"/>
Rear Foot Valgus	<input type="text"/>	<input type="text"/>
Fore Foot Varus	<input type="text"/>	<input type="text"/>
Fore Foot Valgus	<input type="text"/>	<input type="text"/>

Received	<input type="text"/>
Milled	<input type="text"/>
Shipped	<input type="text"/>
E-mail / Easy Cast / Bio Foam / Plaster Cast	
Reference	<input type="text"/>

*Require a Top Cover	L	R
1st Ray Cutout	<input type="checkbox"/>	<input type="checkbox"/>
5th Ray Cutout	<input type="checkbox"/>	<input type="checkbox"/>
Met Pads*	<input type="checkbox"/>	<input type="checkbox"/>
Met Bar*	<input type="checkbox"/>	<input type="checkbox"/>
Heel Cushion*	<input type="checkbox"/>	<input type="checkbox"/>
Horse Shoe Pad*	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma Pad*	<input type="checkbox"/>	<input type="checkbox"/>
Mortons Extension*	<input type="checkbox"/>	<input type="checkbox"/>
Heel Raise (mm)	<input type="text"/>	<input type="text"/>

Inspected By

Rear Foot Posting Fore Foot Posting
 Extrinsic Intrinsic Extrinsic Intrinsic

LAB USE ONLY	L	R
Length	<input type="text"/>	<input type="text"/>
Heel Width	<input type="text"/>	<input type="text"/>
Fore Foot Posting	<input type="text"/>	<input type="text"/>
Arch Type Value	<input type="text"/>	<input type="text"/>
SCAN DETAILS	L	R
Fore Foot Width	<input type="text"/>	<input type="text"/>
Heel Width	<input type="text"/>	<input type="text"/>
Length	<input type="text"/>	<input type="text"/>
Rear Foot Posting	<input type="text"/>	<input type="text"/>
Fore Foot Posting	<input type="text"/>	<input type="text"/>
Arch Height	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Cup Depth	<input type="text"/>	<input type="text"/>
Heel Raise	<input type="text"/>	<input type="text"/>
Thickness	<input type="text"/>	<input type="text"/>