

Dr. Name: \_\_\_\_\_ Dr. Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Address: \_\_\_\_\_

PATIENT HISTORY	TYPE OF ORTHOTIC USED	LABORATORY REQUEST
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**PATIENT NAME:**  
 \_\_\_\_\_

**OCCUPATION:**  
 \_\_\_\_\_

\_\_\_\_\_ Age      \_\_\_\_\_ Sex      \_\_\_\_\_ Wt

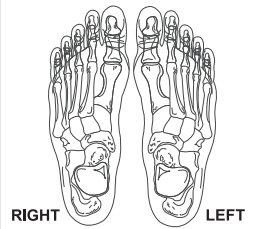
**SHOE SIZE:**  
 Size \_\_\_\_\_  
 Heel Height       1"     2"     3"

**STREET FOOTWEAR:**

<input type="checkbox"/> Laced Oxford	<input type="checkbox"/> Full Boot
<input type="checkbox"/> Slip On	<input type="checkbox"/> High Heel
<input type="checkbox"/> Casual	<input type="checkbox"/> Pump
<input type="checkbox"/> Running Shoes	

**CHIEF COMPLAINT:**  
 (Describe and locate in detail)

**YOUR DIAGNOSIS:**



- Two Pair
- CASUAL ORTHOTICS**
- 3/4  
 Full Length  
 Sulcus
- SPORT ORTHOTICS**
- 3/4  
 Full Length  
 Sulcus
- DRESS ORTHOTICS**
- 3/4  
 Full Length  
 Sulcus
- GAIT PLATE**
- In  
 Out  
 Left  
 Right

**CUSTOM MADE  
 ORTHOTIC SANDALS**

**BioFit**  
 Orthotic Sandals

Style \_\_\_\_\_

Sku # \_\_\_\_\_

Colour \_\_\_\_\_

Measuring Stick Size \_\_\_\_\_

- TYPE OF PLASTIC REQUIRED**
- Rigid (Severe Pronation)  
 Soft (Moderate Pronation)  
 Extra Soft (Arthritis/Diabetic/Pes Cavus)
- HEEL LIFT ADDITIONS REQUIRED**
- 1/8     3/16     1/4  
 Left     Right
- HEEL SPUR HOLE**     **HEEL SPUR PAD**
- METATARSAL PADS (Small/Large)**
- L     R
- MET BAR (1-5)**                      L     R
- FILL ARCH**                              L     R
- FIRST MET CUTOUT**    L     R
- REVERSE MORTON EXT.**
- L     R

**POSTING**    L \_\_\_\_\_° Varus/Valgus  
                   R \_\_\_\_\_° Varus/Valgus

**Forefoot corner post**    L \_\_\_\_\_°    R \_\_\_\_\_°

**Add Instructions:**