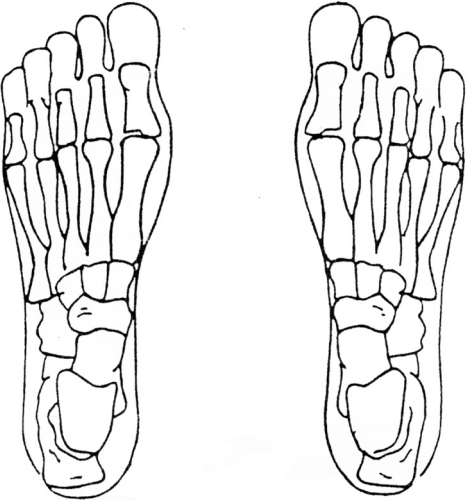


Functional Foot Orthosis Prescription Form

ADDRESS _____

HOSPITAL / CLINIC _____ ORTHOTIST/ PODIATRIST _____

ADDRESS _____ TEL _____

ORTHOSIS TYPE (MATERIAL)	POSTING	POSTING ANGLES
CARBON FIBRE <input type="checkbox"/> SEMI RIGID <input type="checkbox"/> RIGID <input type="checkbox"/> X-RIGID COPOLYMER POYPROPYLENE <input type="checkbox"/> FLEXIBLE <input type="checkbox"/> SEMI-FLEXIBLE <input type="checkbox"/> RIGID EVA Soft Medium..... Firm	POST TOCAST <input type="checkbox"/> LAB EVALUATION <input type="checkbox"/> POST AS INDICATED <input type="checkbox"/> FOREFOOT POST <input type="checkbox"/> HINDFOOT POST <input type="checkbox"/> EXTRINSIC <input type="checkbox"/> INTRINSIC <input type="checkbox"/>	RIGHT HINDFOOT°VALGUS/VARUS FOREFOOT °VALGUS/VARUS KIRBY SKIVE °VALGUS/VARUS <hr/> LEFT HINDFOOT°VALGUS/VARUS FOREFOOT °VALGUS/VARUS KIRBY SKIVE °VALGUS/VARUS
ACCOMMODATIONS/EXTENSIONS	COVERING MATERIALS	
HEEP CUP <input type="checkbox"/> SHALLOW <input type="checkbox"/> DEEP HEEL SPUR CUSHION <input type="checkbox"/> LEFT/RIGHT METATARSAL PAD <input type="checkbox"/> LEFT/RIGHT METATARSAL RAISE <input type="checkbox"/> LEFT/RIGHT VALGUS/NAVICULAR PAD <input type="checkbox"/> LEFT RIGHT <hr/> HEEL RAISE <input type="checkbox"/> LEFT/RIGHT STATE HEIGHTcm		
COVERING MATERIALS	MICCL	
<input type="checkbox"/> Poron <input type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> PPT <input type="checkbox"/> EVA <input type="checkbox"/> Synthetic <input type="checkbox"/> 1.5 mm <input type="checkbox"/> 3 mm	SHOE TYPE & SIZE <hr/> HEEL HEIGHT <hr/> SPORTS ACTIVITIES <hr/> OCCUPATION <hr/>	
LENGTH <input type="checkbox"/> TOSULCUS <input type="checkbox"/> TOMET. HEAD <input type="checkbox"/> FULL LENGTH	ADDITIONAL INFORMATION	
	Int. Order No.	Date Reqd.
		Date Cast