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Prescription Order Form

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Lab Data Only
 Date Received
 Received Via
 New Work Repairs

Account _____ Last Name _____ First _____

Address _____ Address _____

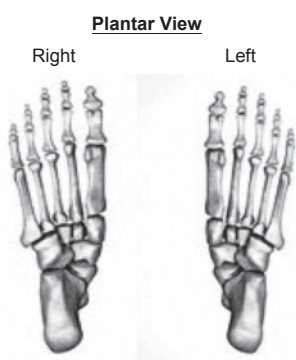
Telephone _____ Telephone _____

Telephone _____ DOB _____ Female / Male _____ Wt. _____ Ht. _____ Shoe Size _____

Shoe Type _____ Diagnosis _____

Mail to Patient Rtn. Cast \$5 Rush \$20 Return by _____ Fit to Shoe Enclosed (ship only 1 side) Send RX Forms PO _____

<p>Signature Series</p> <p>Sport Devices</p> <p><input type="checkbox"/> Sport Basic</p> <p><input type="checkbox"/> Sport Basketball</p> <p><input type="checkbox"/> Sport Cyclist</p> <p><input type="checkbox"/> Sport Flex</p> <p><input type="checkbox"/> Sport Flex Track</p> <p><input type="checkbox"/> Sport Football</p> <p><input type="checkbox"/> Sport Golf</p> <p><input type="checkbox"/> Sport Health</p> <p><input type="checkbox"/> Sport Mould</p> <p><input type="checkbox"/> Sport OCP Tennis</p> <p><input type="checkbox"/> Sport Sandal</p> <p><input type="checkbox"/> Sport Skate/Ski</p> <p><input type="checkbox"/> Sport Soccer</p> <p><input type="checkbox"/> Sport Stride</p> <p><input type="checkbox"/> Sport Track</p> <p><input type="checkbox"/> Sport Youth</p> <p>Accommodative</p> <p><input type="checkbox"/> Blue Soft Stride</p> <p><input type="checkbox"/> Comfort Stride</p> <p><input type="checkbox"/> Leather Stride</p> <p>Diabetic Line</p> <p><input type="checkbox"/> 1 Pr. Diabetic Inlay</p> <p><input type="checkbox"/> 2 Pr. Diabetic Inlay</p> <p><input type="checkbox"/> 3 Pr. Diabetic Inlay</p> <p><input type="checkbox"/> Diabetic Firm (Cork)</p> <p><input type="checkbox"/> Diabetic Soft Stride</p> <p><input type="checkbox"/> Diabetic Stride</p> <p><input type="checkbox"/> Diabetic Ultra D35</p> <p><input type="checkbox"/> O.C. 5000</p> <p>Fashion Line</p> <p><input type="checkbox"/> Cobra Classic (HDPE)</p> <p><input type="checkbox"/> Cobra XT Ultra</p> <p><input type="checkbox"/> Dress Edition</p> <p><input type="checkbox"/> Fashion Classic</p> <p><input type="checkbox"/> Fashion Classic Type II</p> <p><input type="checkbox"/> GFO</p> <p><input type="checkbox"/> Poly Stride</p> <p>Functional Devices</p> <p><input type="checkbox"/> Flexible Heel Stride</p> <p><input type="checkbox"/> Graphite Edition</p> <p><input type="checkbox"/> Graphite XT Ultra</p> <p><input type="checkbox"/> Heel Stride</p> <p><input type="checkbox"/> Polydor Classic</p> <p><input type="checkbox"/> Silver Stride</p> <p><input type="checkbox"/> UCBL</p> <p><input type="checkbox"/> Uni-Stride</p> <p>Practitioner's Device</p> <p><input type="checkbox"/> Custom Line</p>	<p>Posting Instructions</p> <p>Rearfoot Posting</p> <p><input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic</p> <p style="text-align: center;">Right Left</p> <p>Varus _____ Varus _____</p> <p>Valgus _____ Valgus _____</p> <p><input type="checkbox"/> Heel Lift _____ R _____ L _____</p> <p>Forefoot Posting</p> <p><input type="checkbox"/> Post to lab evaluation</p> <p><input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic</p> <p style="text-align: center;">Right Left</p> <p>Varus _____ Varus _____</p> <p>Valgus _____ Valgus _____</p> <p><input type="checkbox"/> 1-5 Bar <input type="checkbox"/> 2-5 Post Bar</p> <p><input type="checkbox"/> Tip Post <input type="checkbox"/> Post to Sulcus</p> <p>Accommodations</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Balance Pad</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Cuboid Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Heel Cushion Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Heel Spur Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L LA / Scaphoid Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Met Bar</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Metatarsal Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Morton's Ext.</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Navicular Flap</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Neuroma Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Rev. Morton's Ext.</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Sesamoid/Dancers Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Toe Crest Pad</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Toe Fill / Buttress Pad</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Medial Arch Filler</p> <p><input type="checkbox"/> Crepe <input type="checkbox"/> Cork <input type="checkbox"/> EVA <input type="checkbox"/> Poron</p> <p>Shell Modifications</p> <p><input type="checkbox"/> R <input type="checkbox"/> L 1st Ray Cut-out</p> <p><input type="checkbox"/> R <input type="checkbox"/> L 5th Ray Cut-out</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Deep Heel Seat</p> <p><input type="checkbox"/> R <input type="checkbox"/> L FHL (Wedge Cut-out)</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Flatten Heel Seat</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Heel Punch-Out</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Lateral Clip</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Lateral Flange</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Medial Flange</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Morton's Ext. in Shell</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Parabolic Distal Edge</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Plantar Fascia Groove</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Promote In Toe</p> <p><input type="checkbox"/> R <input type="checkbox"/> L Promote Out Toe</p>	<p>Top Covers & Bottom Covers</p> <p><input type="checkbox"/> Standard Device</p> <p>Extension distal of shell:</p> <p><input type="checkbox"/> Sulcus <input type="checkbox"/> Toes</p> <p><input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"</p> <p><input type="checkbox"/> Plastazote <input type="checkbox"/> Poron</p> <p>Padding from heel to:</p> <p><input type="checkbox"/> Mets <input type="checkbox"/> Sulcus <input type="checkbox"/> Toes</p> <p><input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"</p> <p><input type="checkbox"/> Plastazote <input type="checkbox"/> Poron</p> <p>Top Cover Materials</p> <p><input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"</p> <p style="text-align: center;">Swirl Confetti</p> <p><input type="checkbox"/> Black/Gray <input type="checkbox"/> Aqua / Black</p> <p><input type="checkbox"/> Black/White <input type="checkbox"/> Blue / Black</p> <p><input type="checkbox"/> Blue Swirl <input type="checkbox"/> Camo</p> <p><input type="checkbox"/> Neon Green <input type="checkbox"/> Pink/Purple</p> <p><input type="checkbox"/> Pink/Red <input type="checkbox"/> Purple/Green</p> <p><input type="checkbox"/> Purple Swirl <input type="checkbox"/> YBRG (kids)</p> <p><input type="checkbox"/> Purple/White</p> <p><input type="checkbox"/> Red/White/Blue <input type="checkbox"/> Light Blue 20 Duro</p> <p><input type="checkbox"/> Tan Swirl</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> Glove Leather</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Tan <input type="checkbox"/> Perforated</p> <p><input type="checkbox"/> Bamboo</p> <p><input type="checkbox"/> Plastazote <input type="checkbox"/> Spenco</p> <p><input type="checkbox"/> Vinyl _____</p> <p>Bottom Cover Material</p> <p><input type="checkbox"/> Poron</p> <p><input type="checkbox"/> Suede</p> <p><input type="checkbox"/> Vinyl</p> <p>Casting Modifications</p> <p><input type="checkbox"/> Blake _____ °</p> <p><input type="checkbox"/> Medial Heel Skive MM _____</p> <p><input type="checkbox"/> Medial Arch Plaster Fill _____</p>	<p>Practitioner Examination Findings</p> <p>1st Ray Position</p> <p>Plantar flexed <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Normal <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Dorsiflexed <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Hallux Dorsiflexion</p> <p>Rigid <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Semi-Rigid <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Normal <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Foot Appearance (non-weight bearing)</p> <p>High arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Medium arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Low arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Foot Appearance (weight bearing)</p> <p>High arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Medium arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Low arch <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Subtalar Joint</p> <p>Restricted <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Average <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Loose <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>Subtalar Joint</p> <p>Subtalar Inversion _____ ° _____ °</p> <p>Subtalar Eversion _____ ° _____ °</p> <p>Subtalar Neutral _____ ° _____ °</p> <p>Rested Calcaneal _____ ° _____ °</p> <p>Forefoot</p> <p>Varus _____ ° _____ °</p> <p>Valgus _____ ° _____ °</p> <p>Tibial Varum _____ ° _____ °</p>
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Accommodate using diagram for placements

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Diagnosis and Special Instructions: