



Ship To:
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Anaheim, CA 92806
(866)991-6252 Toll-Free

Visit us at: www.ocorthoticlab.com

Shoe Prescription Form

Acct No: Acct Name: Address: Telephone:	Pat Info: First Name: Last Name: Sex: Age: Wt: Ht: Diagnosis:
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Shoe Modification Comments:

Rocker Soles

- | | | | |
|-------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Right Shoe | <input type="checkbox"/> Mild Rocker Sole | <input type="checkbox"/> Toe-Only | <input type="checkbox"/> Negative Heel |
| <input type="checkbox"/> Left Shoe | <input type="checkbox"/> Heel-to-Toe | <input type="checkbox"/> Severe Angle | <input type="checkbox"/> Double Rocker |

Elevations

- | | | |
|-------------|--|--|
| Heel ONLY | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other _____ |
| Heel-to-Toe | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other _____ |

Stabilization

- | | | | |
|--|--|--|--|
| Medial Flare | Lateral Flare | Medial Heel Flare | Lateral Heel Flare |
| <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Left <input type="checkbox"/> Right |

External Bars / Wedges

- | | | | |
|--|--|--|--|
| Metatarsal Bar | Sole Wedge | Thomas Heel | Thomas Bar |
| <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Medial <input type="checkbox"/> Lateral | <input type="checkbox"/> Medial <input type="checkbox"/> Lateral | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Left <input type="checkbox"/> Right | |

Practitioner Signature

Date: