FOOT ORTHOSIS FORM

Patient Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worn for: Everyday use Night time Other

Shoe size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shoe type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthosis type (s): Diabetic shoes Customised insoles UCBL SMO

Orthosis Material: EVA MCR Plastazote Plastic Silicon Other

Modifications (L) (Choose all that apply): Arch support Metatarsal pad Metatarsal bar Heel pad Heel wedge Toe filler Morton’s extension Other

Modifications (R) (Choose all that apply): Arch support Metatarsal pad Metatarsal bar Heel pad Heel wedge Toe filler Morton’s extension Other

Dimensions of components: (L) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foot Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Trace:

