

PODIATRIC

LABORATORY

RX FORM

CUSTOM ORTHOTICS

ACCOUNT INFO

Name: _____ Account #: _____ PO# / MR#: _____

Shipping address: _____ City: _____ State: _____ Zip: _____

PATIENT INFO

Last name: _____ First name: _____

Age/DOB: _____ Weight: _____ Height: _____ ☐ Male ☐ FemaleShoe type: ☐ Dress ☐ Casual ☐ Athletic ☐ Other: _____

Shoe size: _____ Shoe width: _____ Diagnosis: _____

ORDER INFO

☐ 3-day rush + 2-day shipping ☐ Make _____ pairs☐ Make from prior Rx: (# _____)☐ Ship to patient (please provide address)☐ Left only ☐ Right only

NORTHWEST SELECT ORTHOTICS™ Select one. Specs on reverse.

Activity/use

Athletic

- ☐ Low profile shoes
- ☐ Standard / high profile shoes
- ☐ Standard / high profile shoes + lateral stability

Accommodative

- ☐ Control + comfort
- ☐ Comfort

Dress

- ☐ Heel below 1.5"
- ☐ Heel above 1.5"

- ☐ Everyday
- ☐ Child
- ☐ Ski/skate/cycle

Foot pain/pathology

- ☐ AAF/PTTD
- ☐ Plantar fasciitis
- ☐ Heel spurs
- ☐ Amputee
- ☐ Sesamoiditis/hallux limitus
- ☐ Lateral ankle instability/peroneal tendonitis

Gait plate

- ☐ Adult ☐ Child
- ☐ Promote out-toe ☐ Promote in-toe

YOU BUILD ORTHOTICS™ Underlined options are standard/default. Rx forms with missing/incomplete information will automatically revert to standard/default options.

Shell/foundation

Superglass®

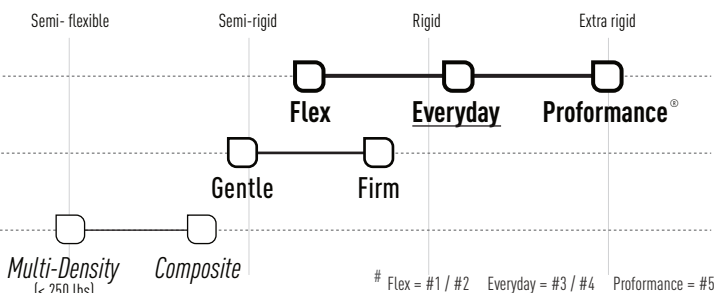
Durable, ultra-thin graphite & fiberglass composite.

NCV®

Carbon fiber-reinforced engineered nylon. Firm but forgiving. (< 250 lbs)

Prescription Comfort®

Comfort and support that maintains its shape.



Arch height (shell)

- ☐ Very high (Very intimate to arch)
- ☐ High (Intimate to arch)
- ☐ Standard
- ☐ Low (Less intimate to arch)

Top cover length and material

☐ No top cover☐ 3/4☐ To sulcus☐ Heel to toe

Vinyl

☐ Charcoal☐ Dark brown☐ Gray-tan☐ Blue-gray☐ Leather (black)

Neoprene

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Microsuede

☐ Black☐ Gray

Firm EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Soft EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

1/16" top cover requires extension

X-Guard (bottom cover)

☐ Standard☐ Sulcus☐ Full☐ Complete

Cushion

☐ 3/4☐ To sulcus☐ Heel to toe

P-Foam

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Soft EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Firm EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Extension

☐ Full☐ Sulcus

P-Foam

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Soft EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

Firm EVA

☐ 1/16" (1.5mm)☐ 1/8" (3.0mm)

SPECS FOR NORTHWEST SELECT ORTHOTICS™

Activity/use

Everyday	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / X-Guard (standard)
Dress - Heel below 1.5"	Superglass Everyday shell / black microsuede top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) / X-Guard (standard)
Dress - Heel above 1.5"	Superglass High Heel shell / leather top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) ***Please specify heel height***
Athletic - Low profile shoes	Superglass Proformance shell / charcoal vinyl top cover (3/4-length) / X-Guard (standard)
Athletic - Standard / high profile shoes	Superglass Proformance shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / X-Guard (standard)
Athletic - Standard / high profile shoes + stability	Superglass Proformance shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel post (vertical) / X-Guard (standard)
Accommodative - Control + comfort	Prescription Comfort Composite / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Accommodative - Comfort	Prescription Comfort Multi-Density / 1/16" soft EVA top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Ski/skate/cycle	Superglass Full-Length shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA cushion (heel to toe) ***Specify sport & send liner or tracing of liner***
Child	Superglass Everyday shell (child design) / no top cover / high medial / high lateral

Foot pain/pathology

AAF/PTTD	Superglass Proformance shell (AAF/PTTD design) / charcoal vinyl top cover (3/4-length) / low arch height / medial heel skive / deep heel cup / extrinsic forefoot post (3 degrees varus) / heel post (vertical) / high medial overlay
Plantar fasciitis	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / medial heel skive / deep heel cup / high arch height / X-Guard (standard)
Sesamoiditis/hallux limitus	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" Firm EVA extension (full) / Reverse Morton's extension
Heel spurs	Superglass Everyday shell / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel cushion
Gait plate (promote in/out-toe) -child	Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover
Gait plate (promote in/out-toe) -adult	Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)
Lateral ankle instability/peroneal tendonitis	Superglass Everyday shell (lateral ankle instability/peroneal tendonitis design) / charcoal vinyl top cover (3/4-length) / extrinsic forefoot post (3 degrees valgus) / heel post - crepe (vertical, cut perpendicular to improve lateral stability) / deep heel cup
Amputee	Prescription Comfort Composite (amputee design) / 1/16" soft EVA top cover (heel to toe) / 1/16" firm EVA extension (full)

ORTHOTIC OPTIONS

Ⓛ = Bilateral

* = Unavailable with NCV shell/foundation

Posting

Heel post

Left	Right
Varus _____	Varus _____
Vertical _____	Vertical _____
Valgus _____	Valgus _____

Maximum of 4° on NCV

Heel lift (requires heel post)

Left	Right
1/8" (3.0mm)	1/8" (3.0mm)
2/8" (6.0mm)	2/8" (6.0mm)
3/8" (9.0mm)	3/8" (9.0mm)
4/8" (12.0mm)	4/8" (12.0mm)

Maximum of 2/8" (6.0mm) on NCV

Forefoot post

Left	Right
<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Extrinsic
<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Intrinsic
Varus _____	Varus _____
Vertical _____	Vertical _____
Valgus _____	Valgus _____

Heel

Deep heel cup

Ⓛ Ⓛ Ⓛ

Heel cushion

Ⓛ Ⓛ Ⓛ

Donut cushion

Ⓛ Ⓛ Ⓛ

Medial heel skive

Ⓛ Ⓛ Ⓛ

Horseshoe cushion

Ⓛ Ⓛ Ⓛ

Medial accom.

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ Pad

Arch/midfoot

High medial overlay

Ⓛ Ⓛ Ⓛ

Scaphoid pad

Ⓛ Ⓛ Ⓛ

Flatten plantar medial

Ⓛ Ⓛ Ⓛ

Plantar fascia accom.

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ In cushion

High medial (in shell)*

Ⓛ Ⓛ Ⓛ

Base of 5th/styloid

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ Pad

Cuboid accom.

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ Pad

Navicular accom.

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ Pad

High lateral (in shell)*

Ⓛ Ⓛ Ⓛ

Metatarsal

Cutout

Ⓛ Ⓛ Ⓛ

1 2 3 4 5 1 2 3 4 5

☐ In device ☐ In cushion

Met pad

Ⓛ Ⓛ Ⓛ

☐ Soft ☐ Firm

Full met pad

Ⓛ Ⓛ Ⓛ

Met raise (in shell)*

Ⓛ Ⓛ Ⓛ

Dancer's pad

Ⓛ Ⓛ Ⓛ

1 2 3 4 5 1 2 3 4 5

Neuroma pad

Ⓛ Ⓛ Ⓛ

1 2 3 4 1 2 3 4

Shaft pad

Ⓛ Ⓛ Ⓛ

1 2 3 4 5 1 2 3 4 5

Forefoot

Forefoot wedge

Ⓛ Ⓛ Ⓛ

☐ Varus ☐ Valgus

Morton's extension

Ⓛ Ⓛ Ⓛ

☐ In device* ☐ In cushion

Rev. Morton's extension

Ⓛ Ⓛ Ⓛ

Cutout in pad only

Hallux accom.

Ⓛ Ⓛ Ⓛ

Toe crest accom.

Ⓛ Ⓛ Ⓛ

Dorsal view

L R

NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____