Footcare Express
18280 West Dixie Highway, Miami, FL 33160
305.932.0922 • 1.877.687.3338 (Toll Free)
305.932.0923 (FAX)

LAB USE ONLY
_____
_____

	L	R
1st Ray		
5th Ray		
Heel		

PATIENT INFORMATION
Name _____
Age:_____ Gender: _____ Weight: _____
Shoe Size: _____ Shoe Type: _____
Activity For Orthotics

ACCOUNT INORMATION
Doctor Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: (_____) _____ E-mail: _____

CUSTOM SANDAL PACKAGE PRESCRIPTION FORM

1 Select a Sandal and color*
2 Select an Orthotic
3 Specify Posting and any modifications or additions
4 Trace both feet with patient standing (for size)

1 SANDAL SELECTION –for style and color options see catalog * Subject to availablity

Woman's Package Choices –$205.00 (Package 1)**$195.00** (Package 2)

☐Cancun ☐Dublin ☐Karenna ☐Lucern

☐ Uma ☐Zurich ☐Mikala ☐ Tundress

Men's Package Choices - $215.00 (Package 1) **$205.00** (Package 2)

☐Canyon ☐Glacier ☐Hamlet

☐London ☐Mikael ☐Tundra

Other Choice **Style**_____

Selected Color_____
(see catalogs shoes/clog/sandal options with removable insoles)

2 ORTHOTIC SELECTION

☐ SANDAL STANDARD FUNCTIONAL- Package 1
Vacuum formed semi rigid Functional shell: extrinsic rearfoot post; forefoot extension and cushioned topcover and Sandals

☐ SANDAL MOLD - Package 2
Semi flexible *Engineered* shell: forefoot extension and cushioned topcover and Sandals

3 POSTING MODIFICATIONS & ADDITIONS

POSTING

☐ post according to lab evaluations
☐ post to calcaneal vertical
☐ post to these measurements from vertical:
REARFOOT L____ varus/valgus R____ varus/valgus
FOREFOOT L____ varus/valgus R____ varus/valgus
☐ L____MM Skive R_____ MMSkive
☐ L____ INV. R_____ INV.
☐ neutral (as they sit)
☐ FF post type ☐ instrinsic ☐ extrinsic ☐ extended to sulcus ☐ corner

CAST EXPANSIONS

☐ Minimum ☐ Moderate ☐ Maximum ☐_____

SHELL MODIFICATIONS

☐ 1st met cut-out ☐ Rigid extension L/R

ADDITIONS

☐ heel lift _____ MM (5 MM MAX)	L / R
☐ heel pad	L / R
☐ horseshoe spur	L / R
☐ heel hole ☐ with Poron plug	L / R
☐ metatarsal pad	L / R
☐ metatarsal bar	L / R
☐ metatarsal raise	L / R
☐ neuroma pad	L / R
☐ Morton's extension	L / R
☐ reverse Morton's extension (2-5)	L / R
☐ functional hallux limitus accommodation	L / R
☐ cuboid pad	L / R
☐ lesion accommodation sub _____ MPJ	L / R

OPTIONAL TOP COVER SELECTIONS

☐ 1/16 Poron/ 1/16 Puff
☐ 1/16 Poron/ 1/8 Puff
☐ 1/8 Poron/ 1/8 Puff
☐ 1/8 Poron/ Micro Suede
☐ 1/8 Puff/ Micro Suede
☐ 1/8 Neoprene