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 www.FootcareXpress.com

Prescription Order Form

LAB USE ONLY	L	R
	1st Ray	
	5th Ray	Heel

PATIENT: Last _____
 First _____ Gender: _____
 Age: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____
 Activity for Orthotics _____ Diagnosis _____

Practice Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: (____) _____
 Fax: (____) _____ E-mail: _____

RUSH ORDER (Specify Date: _____) Additional Charges May be Applicable

BIOMECHANICAL EVALUATION

- Pronated L/R Supinated L/R Arch Height Low Medium High
 Subtalar Range of Motion Loose L/R Normal L/R Restricted L/R Relaxed Calcaneal Stance Pos. Inverted L/R Vertical L/R Everted L/R
 First Ray Motion Flexible L/R Normal L/R Rigid L/R Gait Pattern In-Toe Straight Out-Toe

SPORT ORTHOTICS (Polypropylene, Semi-Rigid)

- Cover to: Mets Toes
 ActiveXpress I Intrinsic Posting, Polypropylene Shell
 ActiveXpress II Ext. Rearfoot Post, Polypropylene Shell
 ActiveXpress III Ext. Rearfoot Post, Polypropylene Shell, Soft EVA Arch Fill (Over 250lb. — Firm Crepe Fill)

RIGID ORTHOTICS (Graphite)

- Controller I Intrinsic Post, Graphite Shell
 Controller II Extrinsic Rearfoot Post, Graphite Shell

DRESS ORTHOTICS (narrow & hourglass shape) Optional Heel Drill out

- DressXpress I Intrinsic Posting, Polypropylene Shell, To Sulcus
 DressXpress II Graphite Shell, To Sulcus Intrinsic Post Extrinsic Post
 DressXpress III Extrinsic Rearfoot Post, Polypropylene Shell (5/32"), To Mets

SEMI-FLEXIBLE ORTHOTICS (Subortholene, Semi-Flexible)

- Cover to: Mets Toes
 Flex Xpress I Intrinsic Posting, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Polyethylene (Subortholene) Shell,
 Flex Xpress II Extrinsic Rearfoot Post, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Polyethylene (Subortholene) Shell
 Flex Xpress III Extrinsic Rearfoot Post, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Soft EVA Arch Fill (Over 250lb.— Firm Crepe Fill), Polyethylene (Subortholene) Shell

ACCOMMODATIVE ORTHOTICS

- CushionXpress I High Density Black Plastizote Shell, 1/16" or 1/8" Padding on Entire Device, Leatherette Top Cover, To Toes
 CushionXpress II Thermocork Shell, 1/16" or 1/8" Padding on Entire Device, Leatherette Top Cover, To Sulcus
 CushionXpress III EVA Shell, 1/16" or 1/8" Padding on Entire Device, To Toes

EXPRESS CORRECT* (Engineered)

- Cover to: Mets Toes
 Xpress I Intrinsic Rearfoot Post, Top Cover
 Xpress II Extrinsic Rearfoot Post, Top Cover

- TOP COVER 1/16" EVA 1/8" EVA

* Special additions or accommodations are subject to additional charges.

SPECIALTY ORTHOTICS

UCBL
 Gait Plate
 In-Toe (Promotes in toeing)
 Out-Toe (Promotes out toeing)
 Heel Stabilizer
 Roberts/ Whitman
 Shaffer

Heel Cup Depth: _____ mm
 Castwork (Arch Height):
 High Med. Low
 Orthotic Width:
 Narrow Medium Wide
 Orthotic Flexibility:
 More Rigid More Flexible
 Skive:
 Medial ___ L ___ R
 Lateral ___ L ___ R
 Invert Cast
 ___ mm L ___ mm R
 ALL FUNCTIONALS PERPENDICULAR UNLESS SPECIFIED CORRECTED OTHERWISE
Extrinsic RF Posting
 Hard Soft None
 Rearfoot ___/___ Varus ___/___ R ___/___ Valgus ___/___
 ALL ORTHOTICS RECEIVE INTRINSIC FOREFOOT POSTS TO NEUTRAL AND 4/4 HARD EXTRINSIC REARFOOT POSTS UNLESS OTHERWISE SPECIFIED.

SPECIAL ADDITIONS

	L	R
<input type="checkbox"/> Heel Lift	_____	_____
(Specify Height - Inches)		
<input type="checkbox"/> Met Bar	_____	_____
<input type="checkbox"/> Met Pad	_____	_____
<input type="checkbox"/> Dancers Pad	_____	_____
<input type="checkbox"/> Arch Pad	_____	_____
<input type="checkbox"/> Heel Spur Accommodation		
<input type="checkbox"/> Donut	_____	_____
<input type="checkbox"/> Pad	_____	_____
<input type="checkbox"/> Horseshoe	_____	_____
<input type="checkbox"/> Toe Crest	_____	_____
<input type="checkbox"/> 1 st Ray Cutout	_____	_____
Met Cutout		
<input type="checkbox"/> 1 st	_____	_____
<input type="checkbox"/> 5 th	_____	_____
<input type="checkbox"/> Fascial Groove	_____	_____
<input type="checkbox"/> Morton's Ext.	_____	_____
<input type="checkbox"/> Rigid	_____	_____
<input type="checkbox"/> Medial Flange	_____	_____
<input type="checkbox"/> Lateral Flange	_____	_____
<input type="checkbox"/> Varus Ext.	_____	_____
<input type="checkbox"/> Valgus Ext.	_____	_____

OPTIONAL TOP COVER

- Meta Length Full Length

- Materials**
- Leatherette (UltraHyde, 1/16")
 Perforated EVA (3mm)
 Non- Perforated EVA (3mm)
 Plastizote (1/8")
 Poron and Plastizote*
 Spenco type*

ADDITIONAL CUSHION

- Materials:** Poron EVA
 Ext. Only Shell Only
 Entire Device Extra FF
 Thickness: 1/16" 1/8" 1/4"

CUSTOM SANDAL
 PLEASE CHOOSE MODEL FROM CATALOGUE

CUSTOM SANDALS REQUIRE 10MM HEEL CUP STD. W/ LEATHER TOP COVER UNLESS OTHERWISE SPECIFIED.

Engineered
 Custom

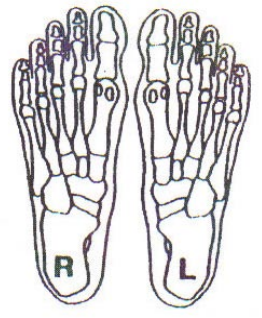
BOTTOM COVERS

Leather bottom* EVA bottom*
 *(Extra Charge)

Forefoot Accommodations

	1	2	3	4	5
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plantar View



SPECIAL INSTRUCTIONS

PRACTITIONER'S SIGNATURE (REQ'D)

Please call for consult
 Return casts

SEND MORE:
 RX Forms
 Prepaid Address Labels