Footcare Xpress
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877.687.3338 (Toll Free) • 305.932.0922
305.932.0923 (FAX)
www.FootcareXpress.com

Prescription Order Form

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

PATIENT: Last ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

First___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Gender: _____

Age:____ Wt:____ Ht: ____Shoe Size:_____ ShoeType:_____

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 **Dynamic 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

Polypropylene Flexibility Chart

	<100lbs	100-150lbs	150-200lbs	200-250Lbs	> 250lbs
3/32"	Flexible	Very Flexible	Not Recc.	Not Recc.	Not Recc.
1/8"	Semi-Rigid	Semi-Flexible	Flexible	Very Flexible	Not Recc.
5/32"	Rigid	Semi-Rigid	Semi-Flexible	Flexible	Very Flexible.
3/16"	Very Rigid	Rigid	Semi-Rigid	Semi-Flexible	Flexible

Subortholene Flexibilty Chart

2mm	>150lbs
3mm	151-225lbs

Graphite Flexibility Chart

2mm	121- 185lbs
3mm	186-250lbs

SPORT ORTHOTICS (Polypropylene) 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)

SEMI-FLEXIBLE ORTHOTICS (Subortholene) Cover to: ☐ Mets ☐ Toes

- ☐ Flex Xpress I — Intrinsic Posting, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Polyethylene (Subortholene) Shell,
- ☐ Flex Xpress II — Extrinsic Rearfoot Post, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Polyethylene (Subortholene) Shell
- ☐ Flex Xpress III — Extrinsic Rearfoot Post, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Soft EVA Arch Fill (Over 250lb.— Firm Crepe Fill), Polyethylene (Subortholene) Shell

ACCOMMODATIVE ORTHOTICS

- ☐ CushionXpress I — High Density/ Firm Plastizote Shell, 2mm Padding on Entire Device, Leatherette Top Cover, To Toes
- ☐ CushionXpress II — Thermocork Shell, 2mm Padding on Entire Device, Leatherette Top Cover, To Toes
- ☐ CushionXpress III — EVA Foam Shell, 2mm Padding on Entire Device, To Toes

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

SPECIALTY ORTHOTICS

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

OPTIONAL TOP COVER

☐ Meta Length ☐ Full Length

Materials

- ☐ Leatherette
- ☐ Perf EVA 3mm or 2mm
- ☐ Non-Perf EVA 3mm or 2mm
- ☐ Plastizote 3mm
- ☐ Poron and Plastizote
- ☐ Spenco Type 3mm or 2mm
- ☐ Ariaprene 2mm

☐TL ☐Casa

ADDITIONAL CUSHION

Materials: ☐ EVA ☐ Pulsion

☐ **Ext. Only** ☐ **Shell Only**
☐ **Entire Device** ☐ **Extra FF**

Thickness: ☐ 2mm ☐ 3mm ☐ 6mm

OPTIONAL BOTTOM COVERS

☐ Leather ☐ EVA ☐ Thin Rubber
☐ Thin Rubber (forefoot only)

☐ CUSTOM SANDAL

PLEASE CHOOSE MODEL FROM CATALOGUE

_____

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

SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____

PRACTITIONER'S SIGNATURE (REQ'D)

_____

☐ **Please call for consult**
☐ **Return casts**

SEND MORE:
☐ RX Forms
☐ UPS Labels

Heel Cup Depth: _____mm
<12mm (shallow) 14 mm (Std) >16mm (deep)

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 or ___Evert Cast
☐ ___ mm L ☐ ___ mm R

ALL FUNCTIONALS CORRECTED PERPENDICULAR UNLESS OTHERWISE SPECIFIED

Extrinsic Posting

☐ Hard ☐ Soft ☐ None

	L	Varus / Valgus	R
Forefoot	_____		_____
Rearfoot	___/___ inv / motion		___/___ inv/ motion

SPECIAL ADDITIONS

	L	R
☐ Heel Lift (Specify Height - mm)	___	___
☐ Met Bar	___	___
☐ Met Pad	___	___
☐ Dancers Pad	___	___
☐ Arch Pad	___	___
☐ Heel Spur Accommodation		
☐ Donut	___	___
☐ Pad	___	___
☐ Horseshoe	___	___
☐ Toe Crest	___	___
☐ 1st Ray Cutout	___	___
Met Cutout (in-shell)		
☐ 1st	___	___
☐ 5th	___	___
☐ Fascial Groove	___	___
☐ 5th Ray Accom	___	___
☐ Morton's Ext.	___	___
☐SRigid ☐Rigid	___	___
☐ Medial Flange	___	___
☐ Lateral Flange	___	___
☐ Varus Ext.	___	___
☐ Valgus Ext.	___	___

Forefoot Well Accommodations

	1	2	3	4	5
Left	☐	☐	☐	☐	☐
Right	☐	☐	☐	☐	☐

Plantar View