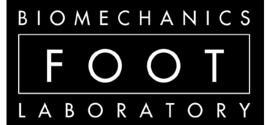
Serial Number for lab

ORTHOSES PRESCRIPTION FORM

PLEASE NOTE:
1. Have your plaster moulds totally dry before packing
2. Write your patient's name clearly on each cast
3. Put this form in with casts before mailing
4. Send shoes separate from casts



Biomechanics Foot Labs Ltd., 50 Rosemount Park Drive, Unit 18 Rosemount Business Park, Dublin 11, Ireland
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www.biomechanicsfootlab.com

Practitioner's Name ____________ Telephone ____________

Mailing Address ____________ Email ____________

Patient's Name ____________ Age ______ Weight ______ Sex ______

Occupation ____________ Sports ____________

ORTHOSES TYPE

• Adult and Teenage Functional
- ☐ XT Rigid
- ☐ XT Ultra Rigid
- ☐ XT Semi-Flexible
- ☐ Semi-Flexible Orthoses
- ☐ Rigid Orthoses

• Fashion
- ☐ High Style (Send Shoes)
- ☐ Low Style (No Posts)
- ☐ Low Style (Short Posts)

• Sports
- ☐ XT Sport
- ☐ XT Sport Elite
- ☐ Sports Orthoses
- ☐ EVA Sport (Send Boots)

• Rheumatoid & Geriatric
- ☐ RA Orthoses Poly
- ☐ Geriatric XT

• Paediatric
- ☐ Child Orthoses
- ☐ Polydor Functional
- ☐ Heel Controller

• Sculpted Leather
- ☐ Diabetic Orthoses
- ☐ Cavus Pronator
- ☐ Balanced Supinator
- ☐ Custom Accommodative

PRESCRIPTION POSTING

☐ **Laboratory Discretion**

Balanced to neutral using heel bisection, rearfoot posted to vertical and intrinsic forefoot posting

☐ **MLA**

Balanced to neutral , high medial arch control

☐ **Make to my measurements as follows:**

FOREFOOT ☐ Intrinsic ☐ Extrinsic

Varus ________° L ________° R

Valgus ________° L ________° R

REARFOOT ☐ Intrinsic ☐ Extrinsic

Varus ________° L ________° R

Medial Heel Skive
- ☐ Left
- ☐ Right

ADDITIONAL PRESCRIPTION INSTRUCTIONS

PLEASE SEND
- ☐ Orthoses Prescription Forms
- ☐ Orthoses Refurbishment / Repair Forms
- ☐ Mailing Cartons and Labels

FINISHING

• Orthoses Width
- ☐ Narrow
- ☐ Wide

• Cobra Cut Out
- ☐ Both

• Propulsive Wedge
- ☐ Left
- ☐ Right

• Trans Met
- ☐ Pad ☐ Bar
  - ☐ Left
  - ☐ Right
- ☐ Open Sandwich

• Heel Raises
- ☐ Left 3mm
- ☐ Right 3mm

• Heel Cup Depth
- ☐ Regular 12mm
- ☐ Shallow 8mm
- ☐ Deep 15mm

• Heel Post Length
- ☐ Short
- ☐ Regular
- ☐ Long

• 1st Ray Cut
- ☐ Left
- ☐ Right

• Post Cover
- ☐ Cats Paw

TOP COVERS

☐ Cushioning Cover **OR** ☐ Extension Padding

• Cover Length
- ☐ Shell Only
- ☐ 3/4 Length
- ☐ Full Length

• Material Type
- ☐ Leather
- ☐ Neolon
- ☐ Poron & Vinyl

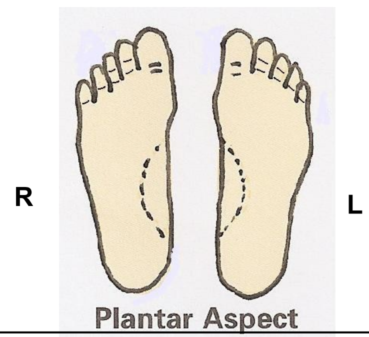
• Padding Thickness
- ☐ 1mm
- ☐ 3mm

CORNS & CALLUS

Indicate areas for dells or padding information– also mark the inside of the cast

• Dell Depth
- ☐ Shallow
- ☐ Medium
- ☐ Deep

R



L

NOTES:

CUSTOM FIT TO FOOTWEAR

☐ Footwear has been sent to the laboratory for fitting casts)