



UNIQUE ORTHOTICS

LAB PRESCRIPTION FORM

50 RITIN LANE, UNIT 20, VAUGHAN, ONTARIO L4K 4C9
www.uniqueorthotics.ca info@uniqueorthotics.ca
PHONE: 905-532-0533 FAX: 905-532-0733

LAB USE ONLY

RECEIVED DATE: _____

LAB #: _____

RUSH ORDER \$25

CLINIC INFORMATION

CLINIC NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PATIENT INFORMATION

PATIENT NAME: _____

SHOE SIZE: _____ AGE: _____ HEIGHT: _____

WEIGHT _____ PATIENT SEX: MALE FEMALE

PAIRS OF ORTHOTICS NEEDED: 1 2 3 (OTHERS _____)

ORTHOTIC TYPE

- DRESS:** 2mm shell. A thin and narrow orthotic made for dress shoes. Vinyl top-cover as standard.
- HIGH HEEL:** 2mm shell. Made specifically for ladies heeled dress shoes. Vinyl top-cover as standard.
- SEMIFLEX:** 2mm flexible shell. Orthotic with a more flexible shell. Vinyl top-cover as standard.
- DIABETIC:** 2mm soft flexible shell. Suitable for Diabetic and Arthritis patients. Flesh Plastazote top cover standard.
- SPORT:** 3mm semi-rigid shell. Designed for use inside sport or casual shoes. Increased control. Spenco top-cover.
- CHILDREN'S PEDIATRIC:** 3mm shell with a deeper heel and higher lateral/medial walls. Microcell top-cover. Induce In-Toe Induce Out-Toe
- WORK BOOT:** 3mm PolyPro shell. Designed for work boots/safety shoes. ETC top cover standard.
- ACCOMMODATIVE:** A soft shell orthotic suitable for Diabetic and Arthritis patients. Flesh Plastazote top cover
- RIGID:** 4mm shell provides longitudinal arch support for a greater degree of mechanical support. 1/8 black microcell top-cover
- CARBON FIBER:** 2mm xt-sprint shell thin and narrow with spenco top cover. (special rates apply)

SOFT MODIFICATIONS

HEEL SPUR PAD L R HEEL CUSHION L R MET RAISE L R MET PAD L R MET BAR L R SKID PLATE L R

REVERSE HORTON'S EXTENSION L R KINETIC WEDGE L R MEDICAL FLANGE SOFT L R LATERAL FLANGE SOFT L R ARCH FILL L R 1 L 1 2 3 4 5 R 1 2 3 4 5 SUBMET "U" CUTOUT 2 L 1 2 3 R 1 2 3 mm (SOFT/FIRM) SCHAPHOID PAD

OTHER: _____

INTRINSIC POSTING

| | |
|--|--|
| <p><input type="checkbox"/> EXTRINSIC REARFOOT POSTS</p> <p>HEEL LIFT L: _____ R: _____</p> <p>VARUS L: _____ R: _____</p> <p>VALGUS L: _____ R: _____</p> | <p><input type="checkbox"/> EXTRINSIC FOREFOOT POSTS</p> <p>HEEL LIFT L: _____ R: _____</p> <p>VARUS L: _____ R: _____</p> <p>VALGUS L: _____ R: _____</p> |
|--|--|

BIOMECHANICAL ASSESSMENT

| | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|-------|---------|--------------------------|--------------------------|------------|--------------------------|--------------------------|---|-------------|------|-------|----------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|
| <p>Arch Height (non-weight bearing):</p> <table border="1"> <tr><td>HIGH</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>MEDIUM</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOW</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | HIGH | LEFT | RIGHT | MEDIUM | <input type="checkbox"/> | <input type="checkbox"/> | LOW | <input type="checkbox"/> | <input type="checkbox"/> | <p>Arch Height (weight bearing):</p> <table border="1"> <tr><td>HIGH</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>MEDIUM</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOW</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | HIGH | LEFT | RIGHT | MEDIUM | <input type="checkbox"/> | <input type="checkbox"/> | LOW | <input type="checkbox"/> | <input type="checkbox"/> |
| HIGH | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| MEDIUM | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| LOW | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| HIGH | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| MEDIUM | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| LOW | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| <p>Subtalar Joint Range of Motion:</p> <table border="1"> <tr><td>LOOSE</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>NORMAL</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>RESTRICTED</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | LOOSE | LEFT | RIGHT | NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | RESTRICTED | <input type="checkbox"/> | <input type="checkbox"/> | <p>Relaxed Calcaneal Position:</p> <table border="1"> <tr><td>INVERTED</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>VERTICAL</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>EVERTED</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | INVERTED | LEFT | RIGHT | VERTICAL | <input type="checkbox"/> | <input type="checkbox"/> | EVERTED | <input type="checkbox"/> | <input type="checkbox"/> |
| LOOSE | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| RESTRICTED | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| INVERTED | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| VERTICAL | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| EVERTED | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| <p>First Ray Motion:</p> <table border="1"> <tr><td>FLEXIBLE</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>NORMAL</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>RIGID</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | FLEXIBLE | LEFT | RIGHT | NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | RIGID | <input type="checkbox"/> | <input type="checkbox"/> | <p>First Ray Position:</p> <table border="1"> <tr><td>DORSIFLEXED</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>NORMAL</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PLANTERFLEXED</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | DORSIFLEXED | LEFT | RIGHT | NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | PLANTERFLEXED | <input type="checkbox"/> | <input type="checkbox"/> |
| FLEXIBLE | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| RIGID | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| DORSIFLEXED | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| NORMAL | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| PLANTERFLEXED | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| <p>Gait Pattern:</p> <table border="1"> <tr><td>IN TOE</td><td>LEFT</td><td>RIGHT</td></tr> <tr><td>OUT TOE</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>STRAIGHT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | IN TOE | LEFT | RIGHT | OUT TOE | <input type="checkbox"/> | <input type="checkbox"/> | STRAIGHT | <input type="checkbox"/> | <input type="checkbox"/> | <p>NOTES: _____</p> <p>_____</p> <p>_____</p> | | | | | | | | | |
| IN TOE | LEFT | RIGHT | | | | | | | | | | | | | | | | | |
| OUT TOE | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| STRAIGHT | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

SHELL MODIFICATIONS

HEEL HOLE L R 1ST RAY CUT OUT L R 1ST MET CUT OUT L R MORTON'S EXTENSION L R

HEEL CUP FLAT LOW (5mm) MED (10mm) DEEP (15mm)

FACIA ACCOMMODATION L R LATERAL FLANGE L R MEDICAL FLANGE L R

TOP COVERS

| | | |
|--|---|---|
| <p>LENGTH</p> <p><input type="checkbox"/> 3/4</p> <p><input type="checkbox"/> SULCUS</p> <p><input type="checkbox"/> FULL</p> | <p>CUSHION</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> 1/16</p> <p><input type="checkbox"/> 1/8</p> <p><input type="checkbox"/> OTHER</p> | <p>MATERIAL</p> <p><input type="checkbox"/> VINYL (BLK)</p> <p><input type="checkbox"/> ETC <input type="checkbox"/> BLK <input type="checkbox"/> BLUE</p> <p><input type="checkbox"/> MICROCELL (1/16 - 1/8)</p> <p>COLOUR: _____</p> <p><input type="checkbox"/> SPENCO</p> <p><input type="checkbox"/> DIABETIC PLASTOZOTE <input type="checkbox"/> BLK <input type="checkbox"/> FLESH</p> <p><input type="checkbox"/> LEATHER (BLK)</p> <p><input type="checkbox"/> SANDAL SUEDE (TAN / BLK)</p> <p><input type="checkbox"/> X-STATIC</p> <p><input type="checkbox"/> OTHER: _____</p> |
| <p>UNDERLAY</p> <p><input type="checkbox"/> VINYL</p> <p><input type="checkbox"/> MICROCELL (BLUE / BLK / RED)</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> FULL LENGTH</p> <p><input type="checkbox"/> FOREFOOT ONLY</p> | | |

FOOTWEAR ORDER: _____

SHOE MAKE: : _____

STYLE: _____ SIZE: _____

COLOUR: _____ FIT ORTHOTIC