PRESCRIPTION ORDER FORM

ORTHOTICS & MEDICAL SUPPLY, INC.

509 Paul Morris Drive
Englewood, FL 34223

1-800-373-5935

Date Received (Lab) _____

___ 24 Hour Rush $45.00
___ 2 Day Rush ... $30.00
___ 3 Day Rush ... $15.00

Rush charges do not include overnight delivery.

Please print firmly you are making 2 copies

Please check if patient is covered by "Worry Free". ___

Date: Acct.#

Acct. Name _____

Address _____

City _____ State _____ Zip _____

Phone # (_____)_____

PATIENT INFORMATION:

NAME (Please fill in boxes, last name first.)

(Last) (First)

Occupation _____

Age ___ _ Weight ____ Height _____ Sex _____

ORTHOTIC CHOICES

ENHANCED CONTROL
___ ACRYLIC I
___ ACRYLIC II

SPORTS
___ LIMINATOR ® I
___ Engineered
___ ELIMINATOR ® II
___ Engineered
___ ELIMINATOR ® III
___ ELIMINATOR ® IV

TL-2100 LINE
___ ELIMINATOR ® 2100
___ ELIMINATOR ® PLUS

CHILDREN'S
___ U.C.B.L.
___ WHITMAN PLATES
___ ROBERT'S PLATES
___ SHAFFER PLATES
___ GAIT PLATES
___ Out toe (Promotes out toeing)
___ In toe (Promotes in toeing)

WOMEN'S DRESS
___ FASHION STEP I ®
Heel Height, Mandatory _____"
___ FASHION STEP II ®
Heel Height, Mandatory _____"

MEN'S DRESS
___ EXECU-STEP™

SEMI-FLEXIBLE
___ ACTION FLEX™ I
___ ACTION FLEX™ II
___ ACTION FLEX™ III

ACCOMMODATIVES
___ SOFT STEP I
___ SOFT STEP II
___ SOFT STEP III
___ C & L MOLD
___ SOFT MOLD

CUSTOM (Specify)
_____

SHOE DATA

Shoe Size _____ Width _____

Shoes Enclosed _____

___ TYPE 'A' (full cut shoe, such as laced oxfords, sneakers etc.) Specify: _____

___ TYPE 'B' (Over 1" heel, narrow shoes such as pumps, Western boots, etc.) Specify:

___ TYPE 'C' (Up to 1" heel, narrow cut shoes such as SAS, loafers & flats) Specify: _____

___ TYPE 'D' (sport specific shoes) Specify:
_____

INSTRUCTIONS

Distal Grind:	Grind Like:	Orthotic Arch Height:	Length:	Heel Cup Height:
___ Narrow	___ Roberts	___ Low	___ Meta	__ Low (10mm)
___ Regular	___ Whitman	___ Medium	___ Sulcus	__ Regular (15mm)
___ Wide	___ Shaffer	___ To Cast	___ Full	__ Deep
	___ U.C.B.L.	___ High		___ (20mm)
___ To Shoes	__ Gait in ____	___ Medial		___ (25mm)
	Out ____			

PADDING	TOP / BOTTOM COVERS
___ S.T.S. - 1.0mm	___ 1/8" Plastizote Tops
___ S.T.S. - 3.0mm	___ 1/16" NEOLON*
___ PORON - 1.5mm	___ 1/8" NEOLON*
___ PORON - 3.0mm	___ 1/8" STS Tops
___ PORON - 4.5mm	___ 1/16" STS Tops
	___ 1/8" Multi EVA Tops

___ Leather Bottoms* ___ Leather Tops*

___ **Extension Only** ___ **Entire Device** ___ **Extra Forefoot**
***(Extra Charge)**

ACCOMMODATIONS

Cut out Met. Head(s) L _____ R _____

Please indicate the following with a B-Bilateral, L-Left only, R-Right only

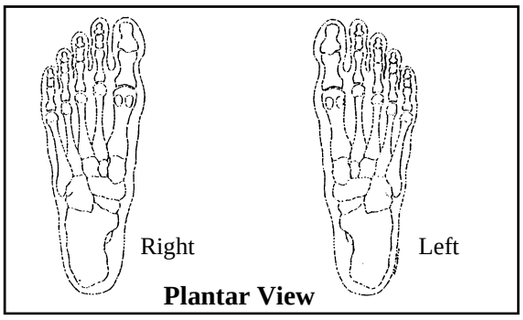
_____ Cut Out 1st Ray In Shell	_____ Reinforce Arch	_____ Flange	_____ Lateral Clip	Heel Lift	_____ Heel Spur Accommodations
	___ Firm Pelite	___ Medial		Left _____ mm	___ Drill out with soft plug.
	___ Evazote	___ Lateral		Right _____ mm	___ Horseshoe heel cushions
	___ Thermit	___ Mild			

_____ Metatarsal Bar **_____ Toe Crest** **_____ Dancers Pad** **_____ Extra Heel Cushion** **_____ Neuroma Pad**
___ Modified ___ Reversed

_____ Metatarsal Pad **_____ Morton's Extension** **_____ Arch Pad** **_____ Amputee Sponge Fill** **_____ Balance Pad**
___ Regular ___ Large **___ In Shell ___ Soft** **___ Soft___ Firm** **___ Transverse ___ Partial** **___ 3 mm ___ 5 mm**

POSTING

Forefoot	Rearfoot
___ **Forefoot Evaluation**	___ Lab Std. 4º / 4º
___ As Evaluated	___ As Evaluated
___ Intrinsic	___ Neutral
___ Extrinsic	___ Intrinsic
	___ Extrinsic
Left **Right**	**Left** **Right**
___ varus ___ varus	___ varus ___ varus
___ valgus ___ valgus	___ valgus ___ valgus
º º	º º º º
_____ _____	_____ _____
	INVERSION / MOTION INVERSION / MOTION



Plantar View

Additional Comments

(This area for comments only. Instructions or accommodations marked in this area will not be applied to the orthotic.)

_____
_____
_____
_____
_____
_____
_____
_____

SPECIAL INSTRUCTIONS

___ Return Casts ($7.50 with order $10.00 without order.)

PLEASE SEND THE FOLLOWING:

___ U.S. Mail Labels ___ Priority Stickers ___ U.P.S. Labels (ARS)
___ Prescription Forms ___ Adjustment Forms ___ Catalog
___ Small Boxes ___ Large Boxes
___ "Worry Free" extended protection pamphlets

Please retain yellow copy and return white with order