

* Please make a copy for your record!



ACE ORTHOTICS

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We guarantee the best quality orthotics. All the works are done by our certified pedorthist.

PRESCRIPTION ORDER FORM

PATIENT Male Female

Last Name:

First Name:

Shoe size: Weight: Height: Age:

PHYSICIAN

Dr. Name:

Address:

City: State: Zip:

Phone: Fax:

Ordering Multiple Pairs?

No, Yes, (Extra 2 Pairs) , (Extra 4 Pairs) ,
(Extra 3 Pairs) , (More _____ Pairs)


Diagnosis:

.....

Shoe Type: Sports Dress Diabetic Child


Heel Cup:

Deep Medium Shallow




SHALLOW

Best for tight dress or constricting shoes



MEDIUM

Best for most shoe and foot types




DEEP

Best for severe over-pronators, feet with long, low arches

*Note: Deeper is wider


Shell Width:

Narrow Standard Wide




NARROW

Choose narrow for tight, constricting shoes



STANDARD

Suitable for most shoe and foot types



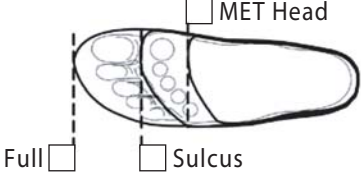
WIDE

Choose wide for diabetic or insensate feet, or fleshy, highly pronated feet

*Note: This selection is **not** based on shoe size. (we capture foot size in the impression).

Cover Length:

MET Head Sulcus Full

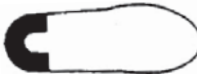


*Note: Full length can always be trimmed back to sulcus length, if necessary.


Cover Material: Deer Leather Calf Leather Vinyl Plastazote (1/8")
 Poron+Deer Poron+ Calf Poron+Vinyl * Poron Thickness: 1/16" 1/8"

Top Cover Color: Black Brown Dark Chocolate


Other Option: Please describe if necessary:




Heel Spur Pad




Heel Cushion




MET Pad



Toe Crest Pad



MET Bar Pad



Mortons Extension

Positive cast correction:

No plaster arch fill (high arch orthotic)
 Medium plaster arch fill (medium arch orthotic)
 Maximum plaster arch fill (low arch orthotic)

Special Additions:

Heel Lift : L_____ R_____

Arch Fill (Extreme Pronation): L_____ R_____

Fore foot Posting: Intrinsic Extrinsic

Left: Varus Valgus
Right: Varus Valgus

Rear foot Posting: Intrinsic Extrinsic

Left: Varus Valgus
Right: Varus Valgus

Gait Plates: In-toed Out-toed

Other Instructions:

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* Please trace patient's foot on the back.