

**\*REQUIRED FIELDS**

\*ACCOUNT NAME / No. \_\_\_\_\_  
 \*CLINICIAN NAME FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\*PATIENT NAME FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 GENDER M  F  D.O.B. MM / DD / YY \*WEIGHT \_\_\_\_\_ LB  KG   
 FOOTWEAR TYPE \_\_\_\_\_ \*SHOE SIZE \_\_\_\_\_ US-M  US-W  EU

# SPECIALIZED DEVICES

**D** Diabetic **RA** Rheumatoid Arthritic

## 1 \*CHOOSE A DEVICE

### ACCOMMODATIVE DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D**  **RA** **FLEXIBLE MOLD**  
1.5mm Puff, 1.5mm Poron, Rubberflex & Thermocork, Poron Fill, 1.5mm Nyplex
- D** **STANDARD TRIDENSITY**  
3.0mm P-Cell, 3.0mm Poron, Rubberflex & 50 durometer Fisher Foam, 1.5mm Cushion cork
- RA** **STANDARD TRIDENSITY**  
3.0mm Bamboolon, Rubberflex & 50 durometer Fisher Foam, 1.5mm Nyplex
- D** **CHARCOT TRIDENSITY**  
3.0mm P-Cell, 3.0mm Poron, Rubberflex & Thermocork, 35 durometer Cloud EVA, 1.5mm Cushion cork

### HYBRID DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-FLEXIBLE MOLD**  
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion Cork
- RA** **SEMI-FLEXIBLE MOLD**  
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D**  **RA** **SEMI-FLEXIBLE LOW PROFILE MOLD**  
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

### FUNCTIONAL DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-RIGID MOLD**  
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion cork
- RA** **SEMI-RIGID MOLD**  
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D**  **RA** **SEMI-RIGID LOW PROFILE MOLD**  
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

## 2 OPTIONAL SPECIFICATIONS

### ULTRA PROTECTIVE TOP COVER

**PREMIUM CUSHIONING FOR HIGH RISK FEET**

- Astro Form 3.0mm + Aero Sorb 3.0mm
- Astro Form 2.0mm + Aero Sorb 2.0mm

### FOREFOOT EXTENSIONS

#### MATERIAL

- Poron  1.5 mm  3.0 mm
- Nyplex  1.5 mm  3.0 mm
- Cushion cork  1.5 mm  3.0 mm
- Puff  1.5 mm  3.0 mm

#### LENGTH

- Sulcus  Toes

#### LESION ACCOMMODATION

(within optional extension)

L  1  2  3  4  5  
 R  1  2  3  4  5



### SUBSEQUENT PAIR ORDER

FROM WO# \_\_\_\_\_

- DUPLICATE device (no change)
- CHANGED device (select device and options)

NUMBER OF PAIRS \_\_\_\_\_

**3 DAY RUSH (\$20.00)**

## 3 POSTING, MODIFICATIONS & ADDITIONS

### POSTING

- Post to calcaneal vertical  Neutral (as they sit)

**REARFOOT** Post Type  intrinsic  extrinsic  EVA  
 dual density EVA  
 L \_\_\_\_\_°  VR  VLG R \_\_\_\_\_°  VR  VLG

**FOREFOOT** Post Type  intrinsic  extrinsic L  R  tip L  R  sulcus  
 corner L  R  toes  
 L \_\_\_\_\_°  VR  VLG R \_\_\_\_\_°  VR  VLG

Skive L \_\_\_\_\_ mm skive R \_\_\_\_\_ mm skive  
 Inversion L \_\_\_\_\_° inverted R \_\_\_\_\_° inverted  
 Motion L \_\_\_\_\_° of motion R \_\_\_\_\_° of motion

### CAST DRESSING

- Minimum  Moderate  Maximum  \_\_\_\_\_

### SHELL MODIFICATIONS

- L  R  Heel Cup Depth  14mm  16mm  18mm  20mm  22mm
- L  R  1st Met Cut Out  with extrinsic tip (support) post
- L  R  1st Ray Cut Out
- L  R  Fascial Accommodation
- L  R  Medial Flange
- L  R  Lateral Flange
- L  R  Navicular/Cuneiform Sweet Spot w/ medial flange - AS MARKED
- L  R  Heel Spur Accommodation
- L  R  Heel Hole  with poron plug
- L  R  Rigid 1st Extension  sulcus  toes
- L  R  Orthotic Width  wide  narrow

### ADDITIONS

- L  R  Heel Lift  EVA  poron  loose \_\_\_\_\_ mm
- L  R  Heel Pad  1.5mm  3.0mm
- L  R  Horseshoe Spur
- L  R  Metatarsal Pad
- L  R  Metatarsal Bar
- L  R  Metatarsal Raise
- L  R  Neuroma Pad
- L  R  Morton's Extension
- L  R  Reverse Morton's Extension  cushion cork  poron  EVA
- L  R  Functional Hallux Limitus Accommodation
- Lesion Accommodation L  1  2  3  4  5 R  1  2  3  4  5
- L  R  Amputation Accommodation  partial  full

## 4 SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





MM / DD / YY

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## 4 SPECIAL INSTRUCTIONS:

# E-FORM INSTRUCTIONS

## SOFTWARE REQUIREMENTS

In order to save completed form, you will need a current version of **ADOBE READER** (*XI or newer*).

Go to the Adobe website to download the newest version or click on the link below:

<http://get.adobe.com/reader>

## NAVIGATING

Use the tab button to navigate from the top left hand corner sequentially down through all the fields.

OR use the mouse to select any specific field.

## PRINTING

Use either the printer icon in the quick tool bar, or file > print from the menu bar.

## SAVING

Use file > **SAVE AS** from the menu bar.

Save the form under a **DIFFERENT NAME** to preserve patient referral information.



## PRINT ICON

## CLEAR FORM

Click the **RESET FORM** button below to clear all filled in fields.

## SUBMIT FORM

Click the **SUBMIT FORM** button to email a copy of your completed form to the Paris Orthotics. The button is located at the top right hand corner of the 1st page.

## ADDITIONAL EVALUATION NOTES

## ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
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