DR. FRANK ORTHOTICS

ORTHOTIC ORDER FORM

Patient Name: _____ Physician: _____

Patient ID#: _____ Assistant: _____

Date of Casting: _____ Date of Pickup: _____

Casting Location: _____ Pickup Location: _____

Shoe Size: ☐ Mens: _____ ☐ Womens: _____

☐ Tri-Laminate Orthotic ☐ Carbon Graphite Tri-Laminate Orthotic ☐ Natural Cork Orthotic

☐ Dr. Weil Low-Profile Tri-Laminate Orthotic ☐ Diabetic Tri-Laminate (Pink Plastazote Top Cover)

Metatarsal Pad:	☐ Left	☐ Right	☐ Sm	☐ Med	☐ Lg
Heel Spur:	☐				
THK:	☐ Left	☐ Right	☐ Arch	☐ Full	
Heel Evelation:	☐ Left	☐ Right	☐ 1/4	☐ 1/8	
Horseshoe:	☐ Left	☐ Right			
Dancer's Pad:	☐ Left	☐ Right			
Forefoot Valgus Wedge:	☐ Left	☐ Right			
Cuboid Articulation:	☐ Left	☐ Right			
Functional Hallux Limitus:	☐ Left	☐ Right			
Carbon Graphite Mortons:	☐ Left	☐ Right			

Dress Orthotic (2mm Norit): ☐ Metatarsal Length ☐ Sulcus Length ☐ Full Length

UCBL: ☐ Metatarsal Length ☐ Sulcus Length ☐ Full Length

☐ **Orthotic Refurbishment**

Special Instructions: _____

_____

_____

_____

_____