



Grace Orthotic Devices Inc.

11 Fairburn Drive Unit 8
 Markham ON L6G 0A4
 Tel: 647-291-1828 Fax: 905-604-8212
 Email: info@graceorthoticdevices.com

For Lab Use Only
 Invoice # _____
 Rec. Date: _____
 Ship Date: _____

Custom Made Orthotic Devices Prescription

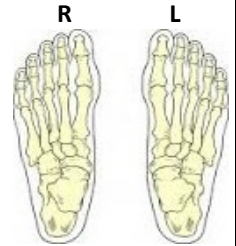
Practitioner's Name: _____ Signature: _____ Account #: _____

Clinic Name: _____ Phone: _____

Patient's Last Name: _____ First Name: _____

Sex: _____ Weight: _____ Age: _____ Size: _____

Diagnosis & Special Instructions



Examinations:	Left	Right
Arch Height	High / Medium / Low	High / Medium / Low
Supination	Sever / Moderate / Mild	Sever / Moderate / Mild
Pronation	Sever / Moderate / Mild	Sever / Moderate / Mild

Type of Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Casual	<input type="checkbox"/>	Court	<input type="checkbox"/>	Soccer	<input type="checkbox"/>
Dress	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Bike	<input type="checkbox"/>
Sport	<input type="checkbox"/>	Skate	<input type="checkbox"/>	Youth	<input type="checkbox"/>
				Diabetic	<input type="checkbox"/>
				EVA	<input type="checkbox"/>
				UCBL	<input type="checkbox"/>

Orthotic Devices Shell Material & Thickness

- 3mm Co-Polymer
- 2mm 3mm Carbon Flex
- 1mm 2mm 3mm PolyPro
- 2mm 2.6mm 3.1mm XT Sprint
- Heel Cup _____ mm

Forefoot Post

	L	R	Neutral
Intrinsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extrinsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Varus _____ Valgus

Rearfoot Post

	L	R	Neutral
Intrinsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extrinsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel Lift	_____ mm	_____ mm	
Arch Fill Soft	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral _____
Arch Fill Medium	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral _____
Arch Fill Firm	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral _____

Accommodations

	L	R	1/16"	1/8"	1/4"
1 st Metatarsal Cut Out	<input type="checkbox"/>	<input type="checkbox"/>			
Heel Cut Out	<input type="checkbox"/>	<input type="checkbox"/>			
Well Cut Out	<input type="checkbox"/>	<input type="checkbox"/>			
PF accommodation	<input type="checkbox"/>	<input type="checkbox"/>			
Arch Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuboid Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel Spur Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel Cushion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metatarsal Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morton Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rev. Morton Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe Crest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mid Layer

	1/16"	1/8"
Blue Poron	<input type="checkbox"/>	<input type="checkbox"/>
Red Nora	<input type="checkbox"/>	<input type="checkbox"/>
Plastazote Pink	<input type="checkbox"/>	<input type="checkbox"/>

Top Cover

- Vinyl Black Multi-Color or P-Cell
- Specno 1/16" Black Spenco 5/32" - Blue or Black
- Plastazote or EVA Neolon 1/16" or 1/8"
- Perforated Nora Leather or Suede

Top Cover Length

- Full length to Toes
- Sulcus length
- 3/4 length
- Met length

Footwear Order

Style Number / Brand Name _____ Size/Width _____ Color _____

Footwear with Custom Made Orthotics _____

Footwear order only _____

Alternative Footwear selection _____

Enclosed Patient's Footwear or Insole _____