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LAB USE ONLY: Patient ID #: _____ Lab Notes: _____ _____
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Prescription Foot Orthotic Form

Date: _____

Patient: _____ Age: _____ Sex: _____ Shoe Size: _____

Dx: _____ Ht: _____ Wt.: _____

***Functional & Accommodative Shell**

***Bevans EVA Foam Orthotic Line**

- | | | | | |
|---|-------------------------------|--------------------------------|--|-----------------------|
| <input type="checkbox"/> Rigid plastic | <input type="checkbox"/> 1/8" | <input type="checkbox"/> 3/16" | <input type="checkbox"/> Sport | (heel cup depth 16mm) |
| <input type="checkbox"/> Semi-rigid plastic | <input type="checkbox"/> 1/8" | <input type="checkbox"/> 3/16' | <input type="checkbox"/> Worker | (heel cup depth 20mm) |
| <input type="checkbox"/> Cork | | | <input type="checkbox"/> Walker | (heel cup depth 25mm) |
| <input type="checkbox"/> Black EVA Foam | | | <input type="checkbox"/> PF Dominator (heel cup depth 20mm w. 1/8"PPT) | |
| <input type="checkbox"/> Carbon Fiber | | | | |

***Pick your Ridged or Semi-Rigid Plastic shell color:**

- Black
 Blue
 Red
 Neon Green
 Neon Pink

***Forefoot Posting**

- Intrinsic R ___° Valgus ___ Varus ___
 L ___° Valgus ___ Varus ___
 Extrinsic R ___° Valgus ___ Varus ___
 L ___° Valgus ___ Varus ___

***Heel Posting**

- Intrinsic R ___° Valgus ___ Varus ___
 L ___° Valgus ___ Varus ___
 Extrinsic R ___° Valgus ___ Varus ___
 L ___° Valgus ___ Varus ___

***Modifications**

- Met Pads R – L
 Deep Heel Cups
 Heel pads R – L
 Medial Flange
 Lateral Flange

***Top Cover Type**

- Trilaminate
 Bilaminate
 Kids multi-color
 Naugahyde
 1/8" Perforated EVA
- Spenco- Blue ___ Black ___
- 1/8" EVA- Black ___ Red ___ Green ___ Royal Blue ___ Yellow ___

***Special Notes or Instructions:**

***Top Cover Length**

- Mets
 Sulcus
 Full

Facility: _____

Provider Signature: _____