LAB USE ONLY:

Patient ID
#_____

Bevans Custom Orthopedics
Custom Foot & Ankle Fabrication Lab

927 40th St. Ct.
Moline, IL 61265

Phone: 563-570-8443
Fax: 309-797-0233
www.bevansorthopedics.com
ebevansqc@yahoo.com

Prescription Foot Orthotic Form

Date: _____

Patient_____Age____Sex___Shoe Size_____

Dx_____Ht_____Wt._____

***Functional & Accommodative Shell**

☐ Rigid plastic ☐ 1/8" ☐ 3/16"
☐ Semi-rigid plastic ☐ 1/8" ☐ 3/16"
☐ Cork
☐ Black EVA Foam
☐ Carbon Fiber

***Bevans EVA Foam Orthotic Line**

☐ Sport (heel cup depth 16mm)
☐ Worker (heel cup depth 20mm)
☐ Walker (heel cup depth 25mm)
☐ PF Dominator (heel cup depth 20mm w. 1/8" PPT)

***Pick your <u>Rigid</u> or <u>Semi-Rigid</u> 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___ Silver___

☐ 1/8" EVA- Black___ Red___ Green___ Royal Blue___ Yellow___

***Top Cover Length**

☐ Mets ☐ Sulcus ☐ Full

****Special Notes or Instructions:***

Facility:_____

Provider Signature_____