



Grace Orthotic Devices Inc.

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

Custom Made Orthotic Devices Prescription

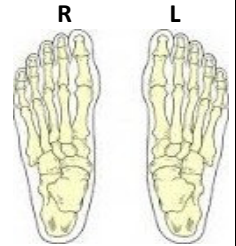
Practitioner's Name: _____ Signature: _____ Account #: _____

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="radio"/> Casual <input type="radio"/> Court <input type="radio"/> Soccer <input type="radio"/> Diabetic
<input type="radio"/> Dress <input type="radio"/> Golf <input type="radio"/> Bike <input type="radio"/> EVA
<input type="radio"/> Sport <input type="radio"/> Skate <input type="radio"/> Youth <input type="radio"/> UCBL

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="radio"/>	<input type="radio"/>	<input type="radio"/>
Extrinsic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			_____ Varus _____ Valgus

Rearfoot Post	L	R	Neutral
Intrinsic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extrinsic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			_____ Varus _____ Valgus
Heel Lift	_____ mm	_____ mm	
Arch Fill Soft	<input type="radio"/>	<input type="radio"/>	Bilateral _____
Arch Fill Medium	<input type="radio"/>	<input type="radio"/>	Bilateral _____
Arch Fill Firm	<input type="radio"/>	<input type="radio"/>	Bilateral _____

Accommodations	L	R
1 st Metatarsal Cut Out	<input type="radio"/>	<input type="radio"/>
Heel Cut Out	<input type="radio"/>	<input type="radio"/>
Well Cut Out	<input type="radio"/>	<input type="radio"/>
PF accommodation	<input type="radio"/>	<input type="radio"/>

	L	R	1/16"	1/8"	1/4"
Arch Pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuboid Pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heel Spur Pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heel Cushion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metatarsal Pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met Bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morton Extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rev. Morton Extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuroma Pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toe Crest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mid Layer	1/16"	1/8"
Blue Poron	<input type="radio"/>	<input type="radio"/>
Nora	<input type="radio"/>	<input type="radio"/>
Plastazote Pink	<input type="radio"/>	<input type="radio"/>

Top Cover
<input type="radio"/> Vinyl Black <input type="radio"/> Multi-Color or P-Cell
<input type="radio"/> Specno 1/16" Black <input type="radio"/> Spenco 5/32" - Blue or Black
<input type="radio"/> Plastazote or EVA <input type="radio"/> Nelon 1/16" or 1/8"
<input type="radio"/> Perforated Nora <input type="radio"/> Leather or Suede

Top Cover Length
<input type="radio"/> Full length to Toes
<input type="radio"/> Sulcus length
<input type="radio"/> 3/4 length
<input type="radio"/> Met length

Footwear Order	Style Number / Brand Name	Size/Width	Color
<input type="checkbox"/> Footwear with Custom Made Orthotics	_____	_____	_____
<input type="checkbox"/> Footwear order only	_____	_____	_____
<input type="checkbox"/> Alternative Footwear selection	_____	_____	_____
<input type="checkbox"/> Enclosed Patient's Footwear or Insole	_____	_____	_____