

OOLAB PRESCRIPTION FORM

DR/CLINIC INFORMATION

Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Account#: _____

PATIENT INFORMATION

PLEASE PRINT

First Name: _____
 Last Name: _____
 M F Youth
 Weight: _____ (lbs)
 Shoe Size: _____ Age: _____

PRESCRIPTION ORDER FORM

S/O # _____
 Date _____
 Rush (\$25.00 fee)

STANDARD ORTHOTIC

1mm 2mm 3mm Poly

DRESS ORTHOTIC

Carbon flex shell with shallow heel cup
 1mm 2mm Poly
 Narrow Grind Fashion Grind

SOFT SPORT ORTHOTIC

Carbon flex shell, poron arch fill, 1mm underlay, & 1/8" ETC top cover
 1mm 2mm 3mm

PODIATRIC ORTHOTIC

3mm Polypropylene shell, soft arch fill, 1mm underlay, & 1/8" microcell top cover

UCBL

Med/lat flanges, extrinsic heel posts, deep heel cup & microcell top cover
 2mm 3mm

CONTROL SPORT ORTHOTIC (Add \$10.00)

Shell with dual density rearfoot post, skid plate, & 1/8" ETC top cover
 2mm 3mm Poly

SOFT ORTHOTIC (Add \$10.00)

Trilaminare shell material, 1/16" nylax forefoot extension, & 1/16" ultra hyde top cover

GAIT PLATE (Add \$10.00)

Poly shell, med/lat flanges & deep heel cup
 Induce out toeing Induce in toeing

DIABETIC/ARTHRITIC (Add \$10.00)

Carbon shell, 1/4" poron arch fill, 1mm underlay, & diabetic top cover
 1mm 2mm

XT CARBON (Add \$35.00)

1.6mm Flex 2mm Semi-Flex 2.3mm Rigid

TOP COVER (Default Full)

3/4 Sulcus Full

TOP COVER MATERIALS (Default ETC)

Black nylax can be substituted for blue poron
 Black vinyl --> Only 1/16" 1/8"
 Blue vinyl --> Only 1/16" 1/8"
 Ultra Hyde --> Only 1/16" 1/8"

1/8" ETC Blue Black

1/8" Microcell Black Grn/Blue Pink/Purple

1/16" Suede Tan Brown Black

Suede Only Tan Brown Black

Plastazote 1/8" 1/16"

1/8" Neoprene 1mm Black Puff

FOREFOOT CUSHION

1/16" nylax 1/8" nylax

EXTRA CHARGE 1/8" TOP COVERS (Add \$10.00)

Perforated Leather
 Black Spenco
 X-Static
 Diabetic

UNDERLAY MATERIALS (Default Puff)

Full Foot Forefoot None
 Vinyl 1mm Black Puff
 Grey Suede Durasole

SHELL MODIFICATIONS

Heel Cup Height
 Flat Shallow Standard Deep

1st Ray Cutout L R
 1st Met Cutout L R
 Medial Flange (Shell) L R
 Medial Flange (Soft) L R
 Lateral Flange (Shell) L R
 Lateral Flange (Soft) L R
 Heel Hole L R
 Rigid Morton's Ext (Poly only, Add \$10.00) L R

ORTHOTIC ADDITIONS

Metatarsal Pad L R
 Move Distally _____ mm Low Profile

Metatarsal Accom Pad L R
 Cutout L: 1 2 3 4 5
 Cutout R: 1 2 3 4 5

Metbar pad L R

Neuroma Padding Location: 2/3 3/4
 Sweet Spot Location: _____

Morton's Ext Left Right Soft EVA

Morton's Rev. Ext. Left Right

Heel Cushioning Left Right

Heel Spur Pad Left Right

Arch Fill L R
 Soft Firm Hard
 Low Profile To Floor

Kinetic Wedge Left Right

Arch Cookie 1mm 2mm 3 mm

Rubber Skid Plate Left Right

EXTRINSIC CORRECTIONS

Neutral L R

Heel Lift L _____ mm R _____ mm

Medial Wedge L _____ R _____

Lateral Wedge L _____ R _____

Varus L _____ R _____

Valgus L _____ R _____

Forefoot Medial L _____ R _____

Forefoot Lateral L _____ R _____

Extended Medial L R

INTRINSIC CORRECTIONS

Varus L _____ R _____

Valgus L _____ R _____

CAST DRESSING:

Min Max

SHOE ORDER

1 SHOE: _____
 SIZE/WIDTH: _____
 COLOUR: _____ With Orthotic

2 SHOE: _____
 SIZE/WIDTH: _____
 COLOUR: _____ With Orthotic

3 SHOE: _____
 SIZE/WIDTH: _____
 COLOUR: _____ With Orthotic

CLINICAL SUPPLIES

Brochures-Free **IMPRESSIONS**
 RX Forms-Free 6-Pack-\$38.00
 *Shipping and HST 25-Pack-\$125.00
 Extra Charge 50-Pack-\$199.00
 50-Plaster Splints-\$58.00

ADDITIONAL INSTRUCTIONS

#PAIR ORTHOTICS ONLY _____
 #PAIR SHOES ONLY _____
 #PACKAGE ONLY _____
 (1 Pair Orthotics/1 Pair Shoes)

TOP COPY - LAB • BOTTOM COPY - CLINIC

