QMS ISO 9001 REGISTERED

CUSTOM ORTHOTICS PRESCRIPTION FORM

blueprint orthotics

PRACTITIONER DETAILS

Name _____ Company/NHS _____

Address _____

Email Address _____ Tel No. _____

PATIENT DETAILS

Name/NHS no. _____ Shoe Size _____

(Please provide template of inside shoe)

DEVICE TYPE REQUIRED

TCI/EVA	POLY PROP	CARBON FIBRE
☐ Low A25	☐ 3.5mm	☐ 1.9mm Flex
☐ Medium A40	☐ 4.5mm	☐ 2.3mm Semi Rigid
☐ High A60		☐ 2.8mm Rigid

POSTING INSTRUCTIONS

REARFOOT		FOREFOOT		
☐ Intrinsic	☐ Extrinsic	☐ Intrinsic	☐ Extrinsic	
Left	Varus/Valgus	Left	Varus/Valgus	☐ Mets
Right	Varus/Valgus	Right	Varus/Valgus	☐ Sulcus

Heel Raise Lt ____ mm Rt ____ mm Heel Pitch ____ mm

Shell Length ☐ Mets ☐ Sulcus ☐ Full Length

CAST MODIFICATION

Kirby Skives Lt____mm Rt____mm Plantar Fascia Grove ☐ Lt ☐ Rt

SHELL REQUIREMENT

1st Met Cut Out	☐ Lt ☐ Rt	High Medial Flange	☐ Lt ☐ Rt
1st Ray Cut Out	☐ Lt ☐ Rt	Lateral Flange	☐ Lt ☐ Rt

Heel Cup Height ☐ Low 12mm ☐ Medium 15mm ☐ High 20mm

PADDING REQUIREMENT

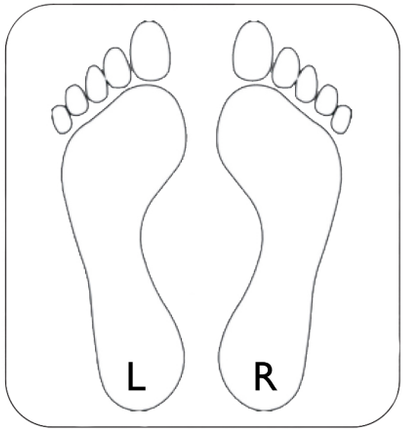
PMP ☐ Lt ☐ Rt

Met Bar	☐ Lt ☐ Rt	Valgus Pads	☐ Lt ☐ Rt	Mortons Ext	☐ Lt ☐ Rt
Heel Pads	☐ Lt ☐ Rt	Met Domes	☐ Lt ☐ Rt	2-5 Balance Pad	☐ Lt ☐ Rt

TOP COVER/EXTENSIONS

Top Cover Length	☐ Mets	☐ Sulcus	☐ Full Length	
Top Cover Material	☐ Suede	☐ Vinyl	☐ EVA	☐ Other
Mid Layer Length	☐ Heel to Toe	☐ Regular		
Mid Layer Material	☐ 2mm EVA	☐ 1.6mm Poron	☐ 3.2mm Poron	☐ Other
Envelope/Base Cover	☐ 1mmEVA	☐ Black Suede		

ADDITIONAL INFORMATION



Standard 5-7 working day turnaround ☐ Express 2-3 working day turnaround £14.99 ☐

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