

CUSTOM ORTHOTICS PRESCRIPTION FORM

→ 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

☐ Low A25

☐ Medium A40

☐ High A60

POLY PROP

☐ 3.5mm

☐ 4.5mm

CARBON FIBRE

☐ 1.9mm Flex

☐ 2.3mm Semi Rigid

☐ 2.8mm Rigid

→ POSTING INSTRUCTIONS

REARFOOT

☐ Intrinsic ☐ Extrinsic

Left Varus/Valgus

Right Varus/Valgus

Heel Raise Lt _____ mm Rt _____ mm

Shell Length ☐ Mets

FOREFOOT

☐ Intrinsic ☐ Extrinsic

Left Varus/Valgus

Right Varus/Valgus

Heel Pitch _____ mm

☐ Sulcus

☐ Full Length

☐ Mets

☐ Sulcus

→ CAST MODIFICATION

Kirby Skives Lt _____ mm Rt _____ mm

Plantar Fascia Groove ☐ 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 5-10 working day turnaround ☐ Express 2-3 working day turnaround £14.99 ☐