

biotech

orthotic design inc.

Custom Sandal

PRESCRIPTION ORDER FORM

OFFICE USE ONLY

Arrive _____ / _____ / _____
 Completed _____ / _____ / _____
 Shipped _____ / _____ / _____

Account Information

Acct. Name _____

Patient Information

Date _____

Name _____

Occupation _____

Age _____ Gender _____ Height _____ Weight _____ lbs

Required Information

Colour Black Leather
 Dark Brown Leather
 ~~Cocoa Nubuk~~

Casting Method Non Weight Bearing
 Semi Weight Bearing
 Full Weight Bearing

Foot Outline (weight bearing) Pedograph
 Tracing



Two Strap



Three Strap

POSTING INSTRUCTIONS

- Post according to lab evaluation
- Calcaneal Vertical
- Neutral Shell (As Casted)
- Arch Aggressiveness -
 - low medium high
- Post to these values:

REARFOOT LEFT RIGHT

- Intrinsic ___° Varus/Valgus ___° Varus/Valgus
- Extrinsic ___° Varus/Valgus ___° Varus/Valgus

FOREFOOT LEFT RIGHT

- Intrinsic ___° Varus/Valgus ___° Varus/Valgus
- Extrinsic ___° Varus/Valgus ___° Varus/Valgus

FOOTBED MODIFICATIONS

- | | LEFT | RIGHT |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Lateral Flange | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High Medial Flange | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1st Met Grind Out | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toe Ridge | <input type="checkbox"/> | <input type="checkbox"/> |

OUTSOLE MODIFICATIONS

- Rocker Sole LT RT
 Heel Lift LT _____ mm RT _____ mm

TOP COVERS

- Suede (default)
- 1/6" Poron and Suede
- 1/8" Poron and Suede
- 1/6" Plastazote
- Other _____

ACCOMMODATIONS



Soft Core 35
 Left Right Both



Metatarsal Cushion
 Left Right Both



2-4 Met Pad
 Left Right Both



Met Bar
 Left Right Both



Intrinsic Heel Cushion
 Left Right Both



Heel Spur Pad
 Left Right Both



Heel Cushion
 Left Right Both



Other _____
 Left Right Both

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