Advanced Custom Foot Orthotic Prescription Form

Epione orthotics

Practitioner..... Account No..... Date Casted.....

Address..... City.....

Postcode..... Telephone.....

Patient Details

Name..... D.O.B.....

Gender **M / F** Weight (lbs).....

Shoe Size..... Footwear Style..... Heel Height.....

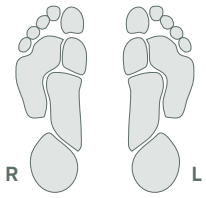
Device Selection

FUNCTIONAL
- ❑ Everyday Functional
- ❑ Everyday Flex

SPORT
- ❑ Polysport Pro
- ❑ Prosport Impact
- ❑ Prosport Slim
- ❑ Daily Comfort
- ❑ Dual Comfort Sport

DRESS
- ❑ Elite Dress
- ❑ Dress Cobra
- ❑ Graphite Dress

SPECIALISED
- ❑ Diabetech
- ❑ UCBL Milled
- ❑ Blake Inverted Milled
- ❑ Mosi Milled
- ❑ Defender



Please indicate lesions as appropriate above

Optional Specifications

RIGIDITY
- ❑ Rigid
- ❑ Semi Rigid
- ❑ Semi Flexible

PLANITAR ARCH FILL
- ❑ Poron
- ❑ EVA

FOREFOOT EXTENSIONS
- ❑ Poron (1.6mm / 3.2mm / 6mm)
- ❑ EVA (2mm / 3mm / 4mm)

TOP COVER
- ❑ Ultravinyl
- ❑ 1.6mm Neolon (blue)
- ❑ 3.2mm Neolon (blue)
- ❑ Micro Suede (blue)
- ❑ EVA (1mm / 3mm)
- ❑ 2mm Lunasoft
- ❑ Luminair (1.5mm / 3mm)
- ❑ Vinyl / Poron (1.6mm / 3.2mm)

TOP COVER LENGTH

Met / Sulcus / Toes
(Please circle as appropriate)

Posting

- ❑ Post according to Lab Evaluation
- ❑ Post to Calc vertical
- ❑ Post to these measurements from vertical
  Rearfoot L..... ° Varus / Valgus R..... ° Varus / Valgus
  Forefoot L..... ° Varus / Valgus R..... ° Varus / Valgus

❑ L..... mm Skive ❑ R..... mm Skive (2 / 4 / 6mm)

❑ L..... ° INV ❑ R..... ° INV

- ❑ No Post
- ❑ Rearfoot Post — [L] Intrinsic / Extrinsic; [R] Intrinsic / Extrinsic
- ❑ Forefoot Post — [L] Intrinsic / Extrinsic / Ext to Sulc; [R] Intrinsic / Extrinsic / Ext to Sulc
- ❑ Type of extrinstic post type ❑ LDEVA ❑ HDEVA ❑ Unitized

CAST DRESSING

❑ No (0%) ❑ Min (-5%) ❑ Std (-15%) ❑ Max (-50%)

SHELL SPECIFICATIONS

Heel Cup Depth	❑ 14mm ❑ 16mm ❑ 18mm ❑ 20mm ❑ 22mm	
1st Met Cut Out	❑ L	❑ R
1st Ray Cut Out	❑ L	❑ R
Shell Width	❑ Wide	❑ Narrow
Flange	❑ Med L / R	❑ Lat L / R
PF Groove	❑ L	❑ R (please indicate on cast)
Nauicular Aperture	❑ L	❑ R (please indicate on cast)
Cuboid Aperture	❑ L	❑ R (please indicate on cast)

ADDITIONS / ACCOMODATIONS

Met Dome	❑ L	❑ R
Met Bar	❑ L	❑ R
Heel Aperture with Poron®	❑ L	❑ R
Heel Cushion	❑ L	❑ R
Heel Raise	L..... mm	R..... mm
Mortons' Extension	❑ L	❑ R
Reverse Mortons Extension	❑ L	❑ R
FHL Accomodation	❑ L	❑ R
Dancers Pad	❑ L	❑ R
Rigid Shaft Extension	❑ L	❑ R
Plantar metatarsal Pad ..... MPJ	❑ L	❑ R
Poron Arch Pad	❑ L	❑ R (3.2mm / 6.4mm)

SPECIAL SERVICES

❑ £15 Rush Order - 3 days in house

NOTES / SPECIAL INSTRUCTIONS

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PRACTITIONERS' SIGNATURE

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DATE

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