COL Orthotics International
Controlling Abnormal Biomechanics

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Prescription Form

Patient Information (PLEASE PRINT)
Name: _____
Occupation: _____

Sex _____ **Age** _____ **Ht.** _____ **Wt.** _____
Chief Complaint **(include pain, type, location, duration)**

Doctor Information
Name: _____
Address: _____

Phone: (_____) _____
Your Diagnosis

Posting Instructions:	**Post to lab values** ❑		**Post to forefoot intrinsic** ❑	**Post to these values** ❑
Forefoot:	**Right** _____	**Varus** ❑ **Valgus** ❑	**Left** _____	**Varus** ❑ **Valgus** ❑
Rearfoot:	**Right** _____	**Varus** ❑ **Valgus** ❑	**Left** _____	**Varus** ❑ **Valgus** ❑
	2-5 Bar ❑	**First Ray Cut Out** ❑	**First Met Cut Out** ❑	**Right** ❑ **Left** ❑
	Medial Heel Skive	**Right** _____ **mm**	**Left** _____ **mm**	

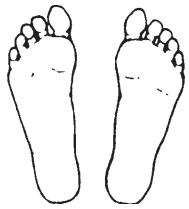
Type of Orthotic

Children's Orthotics	**Gait Plate - to force toe out** ❑	**Robert Whitman Plate** ❑	**Shaffer Plate** ❑	**UCBL** ❑	
COL Sports	**Standard** ❑	**Tennis, Racquet Ball** ❑	**Aerobics** ❑	**Impact** ❑	**Skiing, Skate** ❑
COL Flex	**Standard (Firm control)** ❑	**Flex III (Mild control)** ❑	**Flex V (Intrinsic Forefoot & Rearfoot Posting)** ❑		
COL Ultraflex	**Ultraflex Dress Orthotic** ❑	**Ultraflex Standard Orthotic** ❑	**Ultraflex Rigid Orthotic** ❑		
COL TL-61 (Graphite) (can not have deep heel)	**Regular Orthotic w/SBR Rubber Posting** ❑	**TL-61 Ladies Dress Orthotic** ❑			
Accommodative molds	**Heel Spur Orthotic** ❑	**Evalyte** ❑	**Korex** ❑	**Evalyte only (very soft)** ❑	**Plastazote** ❑

Additions and Extensions

Covers	**To Met Heads** ❑	**Evalyte w/vinyl 1/16"** ❑ **1/8"** ❑	**Poron™ w/vinyl 1/16"** ❑ **1/8"** ❑	**Nyplex w/vinyl 1/8" Black** ❑	
	To Sulcus ❑	**Microcell Puff Black 1/16"** ❑	**Sport EVA 1/8** ❑	**Doeskin Black 1/8"** ❑	**ETC Black 1/8"** ❑
	Full ❑	**Spenco (Blue** ❑ **Green** ❑ **Black** ❑**)**	**Vinyl (Black** ❑ **White**❑**Ash Grey**❑ **Honey**❑**)**	**Leather** ❑	**Suede** ❑
Forefoot Extensions only	**Plastazote** ❑	**Evalyte / 1/16"** ❑ **1/8"** ❑	**Poron™1/16"** ❑**1/8"** ❑	**To Sulcus** ❑	**Full** ❑
Arch Reinforcements	**Korex** ❑	**Evalyte** ❑	**Vinyl Underlay** ❑		
Additions	**Deep Heel Seat 18mm** ❑ _____**mm** ❑		**Lateral Clip** ❑		
	Heel Raise R/L ❑	**1/16"** ❑	**1/8"** ❑	**1/4" maximum** ❑	
Accommodate lesions as marked ❑					

Specialty Instructions



Met Pad R/L ❑	**Small** ❑	**Medium** ❑	**Large** ❑	
Heel Cushion only			**Left** ❑	**Right** ❑
Heel Cushion with Centre Pocket			**Left** ❑	**Right** ❑
Horseshoe Heel Cushion			**Left** ❑	**Right** ❑
Morton's Extension			**Left** ❑	**Right** ❑
Reverse Morton's Extension			**Left** ❑	**Right** ❑

Grinding Width Preferred **Narrow** ❑ **Normal** ❑ **Wide** ❑ **Medial Flange** ❑ **Fit To Shoe** ❑ **Shoe Size** _____

Please send me **Casting Foam** ❑ **Labels** ❑ **Order Forms** ❑

Additional Comments or Instructions

_____

_____

_____

For Lab Use Only:	**Right**	**Left**
FFT Measured	_____	_____
FFT Posted	_____	_____
RFT Posted	_____	_____
Medial Skive	_____	_____