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Lab Use:

Date Casted: _____

Practitioner: _____ Patient Last Name: _____

Phone: _____ Patient First Name: _____

Bill to: _____ Date of Birth: ____/____/____ Male Female
MM DD YYYY

Weight (lbs): _____ Height: _____ Shoe Size: _____

Ship to: _____ Please duplicate prescription # _____

ORTHOTIC TYPE

- Inline Sport
- Inline Multisport (1/8th Poly Shell with 3/8th Plantar Poron)
- Inline Standard
- Inline Flexible
- Poron Mold (1/16th Poly Shell)
- EVA Mold (no Poly Shell)
- Bio Cork Mold (no Poly Shell)
- Inline PRX
- XT Sprint
 - Flexible Standard Rigid
- Inline Omni Flex
 - Flex Standard Rigid

DRESS ORTHOTICS

- XT Dress
 - Heel Cup No Heel Cup
- HH Dress

CHILDREN

- Shaffer Plate
- Robert Whitman
- UCBL
- Gait Plate
 - Out-Toe (correct In-toeing)
 - In-Toe (correct Out-toeing)

SHOE / SANDAL

Style _____
 Width _____
 Size _____

PATIENT HISTORY

- Occupation _____
- Does the patient engage in sports?
 Specify: _____
- Type of shoe
 - Laced Oxford Full Boot
 - Slip-on High Heels
 - Casual Sport Shoe
 - Pump

MEASUREMENTS

If you take measurements, place values below:

	<u>LT</u>	<u>RT</u>
Subtalar	_____ Varus	_____ V
Forefoot	_____ V	_____ V
	_____ Valgus	_____ VG
Tibial Varum	_____	_____

POSTING INSTRUCTIONS

- Use lab discretion and post according to Data
- No posts (Neutral Shells only)
- Post these values instead:

	<u>LT</u>	<u>RT</u>
Rearfoot	_____ V	_____ V
Forefoot	_____ V	_____ V
	_____ VG	_____ VG

	EXT	INT
RF Posting	<input type="checkbox"/>	<input type="checkbox"/>
FF Posting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/16" Bar	<input type="checkbox"/> LT	<input type="checkbox"/> RT
<input type="checkbox"/> 1/8" Bar	<input type="checkbox"/> LT	<input type="checkbox"/> RT
<input type="checkbox"/> 1st Cutout	<input type="checkbox"/> LT	<input type="checkbox"/> RT
<input type="checkbox"/> Heel Raise		
LT _____		RT _____

EXAMINATION FINDINGS

1. FOOT APPEARANCE (Non-weight bearing)

- High Arch L/R
- Low Arch L/R
- Medium Arch L/R

2. FOOT APPEARANCE (Weight bearing)

- High Arch L/R
- Low Arch L/R
- Medium Arch L/R

3. FOOT MOTIONS

- Average Loose L/R
- Tight L/R Rigid L/R

4. TOE POSITIONS

- Straight L/R Subluxed L/R
- Contracted L/R Hav L/R

5. GAIT PATTERN

- In-toe Straight Out-toe

6. LIMB LENGTH DIFFERENCE

L _____ R _____

