FOOT MANAGEMENT PRESCRIPTION FORM

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Account # PO#		Patient Name	
Account Name		Age	WeightSex
Shipping Address		Occupation/Activity	
		Prescriber's Nam	e
City State Zip		Prescriber's Phone	
Bill Credit Card (complete reverse side)		Date Casted	
Lab Use Only RIGHT LEFT		Diagnosis	
	a		
	8 D Fax		
		Tune of Sheet	sirala
		Type of Shoe : (a	Incle)
	\setminus $ $ $/$ $ $	Athletic S	Street Dress
		Cleat E	
	$\cup \cup$		
C P S F		Size: Length	Width
		0	
Type of Orthotic	Accommodations	Right, Left, or BI	Request/Services
• Red, White & Blue	 Deep Heel Cup 		Request/Services
 Blue Rigid Neutral Shell 	 Shallow Heel C 		 LAB consultation call
 Polypropylene 	 Medial Clip 		 LAB determine orthotic type
 Ultrathin 	 Lateral Clip 		 Post according to LAB
 Shocker[®] 	 Medial Wedge 	R ^o	evaluation of data and mold
 Modified Shocker[®] 		L0	
 Shocker[®] Plus 	 Lateral Wedge 		 Post to my measurements
 Pro Shocker[®] 		L0	Posting/Measurements
 Sport Flex 	 Heel Raise 	R″	RIGHT LEFT
 Performance Graphite 		L"	RF° VARUS° VARUS
• Fashion Fit	• Heel Spur Cut (RF ^o VALGUS ^o VALGUS
o UCB	 Morton Ext. Pa 		
o Lo Pro	 Rigid Morton's 	Ext	FF ° VARUS ° VARUS
 Ortho Arch[®] Toudorfoot Coftm 	• Met Rise Low		FF ° VALGUS ° VALGUS
 o Tenderfoot Soft™ o Tenderfoot Medium™ 	• Met Rise Med		
 ○ Tenderfoot Medium™ ○ Tenderfoot Firm™ 	 Met Rise High Sesamoid Cut (Cut	Ext. Forefoot Post ^o
Cut of Orthotic	 Met Bar Low 	<u> </u>	Rush Options (additional charges will apply)
 Sport 	• Met Bar Med		
 Street 	 Met Bar High 		○ LAB RUSH
 Low Profile 	 Dancer's Pad 		\circ 2 ND DAY AIR
Width of Orthotic	 Met Cut Out 	R 12345 circle	• NEXT DAY AIR
o Narrow	 Met Cut Out 	L 12345 circle	
 Normal 	 Plantar Fascia (Groove	Additional Requests
_O Wide	 Turf Toe Half 		
Length of Orthotic	• Turf Toe Full		
• Met Head	 Nonskid Bottor 		
• Toe Crest	• Padded Under	cover	
 Full Length 	 Toe Filler 		

ACCOMMODATIONS

