## 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
		<b>Type of Shoe</b> : (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	<ul> <li>Deep Heel Cup</li> </ul>		Request/Services
<ul> <li>Blue Rigid Neutral Shell</li> </ul>	<ul> <li>Shallow Heel C</li> </ul>		<ul> <li>LAB consultation call</li> </ul>
<ul> <li>Polypropylene</li> </ul>	<ul> <li>Medial Clip</li> </ul>		<ul> <li>LAB determine orthotic type</li> </ul>
<ul> <li>Ultrathin</li> </ul>	<ul> <li>Lateral Clip</li> </ul>		<ul> <li>Post according to LAB</li> </ul>
<ul> <li>Shocker<sup>®</sup></li> </ul>	<ul> <li>Medial Wedge</li> </ul>	R <sup>o</sup>	evaluation of data and mold
<ul> <li>Modified Shocker<sup>®</sup></li> </ul>		L0	
<ul> <li>Shocker<sup>®</sup> Plus</li> </ul>	<ul> <li>Lateral Wedge</li> </ul>		<ul> <li>Post to my measurements</li> </ul>
<ul> <li>Pro Shocker<sup>®</sup></li> </ul>		L0	Posting/Measurements
<ul> <li>Sport Flex</li> </ul>	<ul> <li>Heel Raise</li> </ul>	R″	RIGHT LEFT
<ul> <li>Performance Graphite</li> </ul>		L"	RF° VARUS° VARUS
• Fashion Fit	• Heel Spur Cut (		<b>RF</b> <sup>o</sup> VALGUS <sup>o</sup> VALGUS
o UCB	<ul> <li>Morton Ext. Pa</li> </ul>		
o Lo Pro	<ul> <li>Rigid Morton's</li> </ul>	Ext	FF ° VARUS ° VARUS
<ul> <li>Ortho Arch<sup>®</sup></li> <li>Toudorfoot Coftm</li> </ul>	• Met Rise Low		FF ° VALGUS ° VALGUS
<ul> <li>o Tenderfoot Soft™</li> <li>o Tenderfoot Medium™</li> </ul>	• Met Rise Med		
<ul> <li>○ Tenderfoot Medium™</li> <li>○ Tenderfoot Firm™</li> </ul>	<ul> <li>Met Rise High</li> <li>Sesamoid Cut (</li> </ul>	 Cut	Ext. Forefoot Post <sup>o</sup>
Cut of Orthotic	<ul> <li>Met Bar Low</li> </ul>	<u> </u>	Rush Options (additional charges will apply)
<ul> <li>Sport</li> </ul>	• Met Bar <b>Med</b>		
<ul> <li>Street</li> </ul>	<ul> <li>Met Bar High</li> </ul>		○ LAB RUSH
<ul> <li>Low Profile</li> </ul>	<ul> <li>Dancer's Pad</li> </ul>		$\circ$ 2 <sup>ND</sup> DAY AIR
Width of Orthotic	<ul> <li>Met Cut Out</li> </ul>	R 12345 circle	• NEXT DAY AIR
o Narrow	<ul> <li>Met Cut Out</li> </ul>	L 12345 circle	
<ul> <li>Normal</li> </ul>	<ul> <li>Plantar Fascia (</li> </ul>	Groove	Additional Requests
<sub>O</sub> Wide	<ul> <li>Turf Toe Half</li> </ul>		
Length of Orthotic	• Turf Toe Full		
• Met Head	<ul> <li>Nonskid Bottor</li> </ul>		
• Toe Crest	• Padded Under	cover	
<ul> <li>Full Length</li> </ul>	<ul> <li>Toe Filler</li> </ul>		

## **ACCOMMODATIONS**

