PARIS ORTHOTICS LTD. – HEAD OFFICE/LAB DIVISION, 3630 EAST 1ST AVENUE, VANCOUVER, BC V5M 1C3 **T 604.301.2150** **F 604.301.2157**

ALL FIELDS REQUIRED (PLEASE PRINT)

PATIENT NAME _____ FIRST _____ LAST _____ **CLINICIAN** _____

GENDER _____ **D.O.B.** MO / DAY / YEAR **WEIGHT** _____ LB / KG **ACCOUNT NAME** _____

FOOTWEAR TYPE _____ **SHOE SIZE** _____ US / EU **PHONE** _____ **FAX** _____

FUNCTIONAL DEVICES

- ☐ **STANDARD**
- ☐ **DIRECT MILLED** (polypro only)

DRESS DEVICES

- ☐ **LADIES'**
  - ☐ SLIMLINE FOR ____ CM HEELED SHOES
    - ☐ standard ☐ low heel cup
  - ☐ FLAT HEEL CUP
  - ☐ COBRA (polypropylene only)
- ☐ **MEN'S**

SPORT DEVICES

- ☐ **STANDARD**
  - ☐ neoprene to toes ☐ vinyl to mets
- ☐ **DIRECT MILLED** (polypro only)
  - ☐ neoprene to toes ☐ vinyl to mets
- ☐ **LOW PROFILE**
- ☐ **IMPACT**
  - ☐ with RF post
  - ☐ with dual density RF post
- ☐ **SKI**
  - ☐ alpine ☐ nordic ☐ snowboard
- ☐ **SKATE**
  - ☐ hockey ☐ figure

MOLDS

- ☐ **STANDARD**
- ☐ **LOW PROFILE**

SPECIALIZED DEVICES

- ☐ **DIABETIC TRI-DENSITY**
- ☐ **R.A. SOFT MOLD**
- ☐ **EVA**
- ☐ **UCBL**
- ☐ **ROBERTS WHITMAN**
- ☐ **GAIT PLATE**
  - ☐ induce out-toeing ☐ induce in-toeing
- ☐ _____

DUPLICATE WO# _____
with no changes

REPEAT WO# _____
with changes indicated

NUMBER OF PAIRS _____

☐ **RUSH ($20.00)**

OPTIONAL SPECIFICATIONS

SHELL MATERIALS

- ☐ polypropylene
- ☐ copolymer
- ☐ XT Sprint
- ☐ TL2100

RIGIDITY

- ☐ rigid
- ☐ semi-rigid
- ☐ semi-flexible

FILL MATERIALS

- ☐ poron
- ☐ cork
- ☐ EVA

FOREFOOT EXTENSIONS

MATERIAL

- ☐ poron
- ☐ nyplex
- ☐ cushion cork

THICKNESS

- ☐ 1.5 MM ☐ 3.0 MM

LENGTH

- ☐ to sulcus ☐ to toes

TOP COVER SELECTIONS

MATERIAL

- ☐ vinyl
- ☐ micro-suede
- ☐ leather
- ☐ 1.5 MM puff
- ☐ 3.0 MM puff
- ☐ 3.0 MM plastazote
- ☐ 3.0 MM neoprene
- ☐ _____

COMBINE MATERIAL SELECTED ABOVE WITH:

- ☐ 1.5 MM poron
- ☐ 3.0 MM poron

LENGTH

- ☐ mets ☐ sulcus ☐ toes

BOTTOM COVER SELECTIONS

MATERIAL

- ☐ micro-suede
- ☐ vinyl
- ☐ agoflex

POSTING

- ☐ post according to lab evaluation
- ☐ post to calcaneal 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
- ☐ L _____° Inverted R _____° Inverted
- ☐ neutral (as they sit)
- ☐ RF post type ☐ intrinsic ☐ extrinsic ☐ _____° of motion
- ☐ FF post type ☐ intrinsic ☐ extrinsic ☐ extended to sulcus ☐ corner

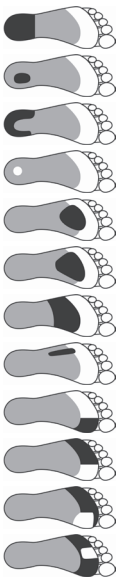
CAST DRESSING

☐ minimum ☐ moderate ☐ maximum ☐ _____

SHELL MODIFICATIONS

- ☐ deep heel cup ☐ 14 MM ☐ 16 MM ☐ 18 MM ☐ 20 MM L / R
- ☐ 1st met cut out ☐ with supporting post L / R
- ☐ orthotic width ☐ wide ☐ narrow L / R
- ☐ flange ☐ medial ☐ lateral L / R
- ☐ fascial accommodation (not available in Direct Milled) L / R
- ☐ navicular/cuneiform sweet spot & flange (as marked) L / R
- ☐ _____ L / R

ADDITIONS



- ☐ heel lift _____ MM L / R
- ☐ heel pad ☐ 1.5 MM ☐ 3.0 MM L / R
- ☐ heel spur accommodation (not available in Direct Milled) L / R
- ☐ horseshoe spur L / R
- ☐ heel hole ☐ with poron plug L / R
- ☐ metatarsal pad L / R
- ☐ metatarsal bar L / R
- ☐ metatarsal raise L / R
- ☐ neuroma pad L / R
- ☐ Morton's extension L / R
- ☐ reverse Morton's extension (2-5) L / R
- ☐ functional hallux limitus accommodation (FHL) L / R
- ☐ lesion accommodation sub _____ MPJ L / R

SPECIAL INSTRUCTIONS

_____

_____

_____

_____

ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	
____/____/____	