PRESCRIPTION ORDER FORM

GLOBAL ORTHOTICS INC.
151 Nashdene Road Unit 45
Toronto, Ontario M1V 4C3
Tel. No. 416-297-0550 Fax No. 416-297-9476
orthoticglobal@gmail.com

OFFICE USE ONLY

Date Received: _____

Date Shipped: _____

RUSH ORDER $25.00 ☐

Patient Name: (Please print it clearly)

Clinic Name: **Acct#** _____

Age: _____

Gender: Male ☐ Female ☐

Weight: _____

Shoe Size: _____

Number of Pairs _ _____

Doctor Name:

_____

Adress: _____

Tel: _____

Fax: _____

Standard Orthotics

☐ Dress	2mm Carbon Flex, Vinyl only
☐ Casual	2mm Carbon Flex, 2mm Poron, Vinyl
☐ Sport Flex	2mm Co Polymer, 1/16 Neoprene, 1/16 Poron
☐ Athletic	3mm Poly Pro, 1/16 Red Microcell, 1/16 Neoprene
☐ Pro Runner	3mm Co Polymer, 2mm Plastazote, 1/16 Perf Nora
☐ PF Design	2 mm Poly Pro, 1/16 Poron, Ultrahyde
☐ Diabetic	1mm Poly Propylene 1/16 Poron,1/8 Plastazote , Arch Fill
☐ Diabetic 2	1mm Poly Propylene, 1/16 Poron, 1/8 Neoprene
☐ EVA	45D EVA, 2mm Poron, 3mm Plastazote ($15.00 Upcharge)
☐ Paediatric	2mm Poly Propylene, Kids Top Cover

Others: _____

☐ Full ☐ Sulcus ☐ 3/4

Top Cover (Option)

Vinyl	☐	Black	☐	Blue
Soft Vinyl (Ultrahyde)	☐	Black	☐	N/A
Leather ($15 Charge)	☐	Black	☐	N/A
Neoprene	☐	Black	☐	Blue
ETC	☐	Black	☐	Blue
Plastazote	☐	Pink	☐	Blue
Microcell / Puff	☐	Balck	☐	Blue
Perforated Nora($10 charge)	☐	Oak	☐	Black
Suede ($10 Charge)	☐	Black	☐	N/A
Kids	☐	Pink Swirl	☐	Rainbow
	☐	Grey/ Black / Swirl	☐	Blue/Green/Blk
	☐	Dalmatian	☐	Aqua Blue

Puff Impression Xstatic ($10 Charge) *Bamboloon ($10 Charge)*

Others _____

Orthotic Shell (Option)

	1mm	2mm	3mm	4 mm
UCBL	☐	☐	☐	☐
Black Carbon Flex	☐	☐	☐	☐
Poly Pro	☐	☐	☐	☐
Poly-Pro Natural	☐	☐	☐	☐
Co-Poly	☐	☐	☐	☐
Eva ($15.00)	45D ☐	55D ☐	65D ☐	70D ☐
Subortulene ($15 Charge)				

Others _____

Midlayer

	1/16	1/8
Poron	☐	☐
Plastazote	☐	☐
Microcell	☐	☐

Other _____

Prescription Order Form

Order Form ☐

Foam Boxes (Shipping & HST will apply)

Foam Boxes ☐ Quantity _____

Accomodations

	1/16	1/8	1/4	L	R
Heel Cushion	☐	☐	☐	☐	☐
Heel Spur Pad	☐	☐	☐	☐	☐
Met Pad	☐	☐	☐	☐	☐
Met Bar	☐	☐	☐	☐	☐
Neuroma Pad	☐	☐	☐	☐	☐
Scaphoid Pad	☐	☐	☐	☐	☐
1st Ray Cut out	☐	☐	☐	☐	☐
High Medial Flange	☐	☐	☐	☐	☐
Forefoot Pad Extension	☐	☐	☐	☐	☐
Dancers Pad	☐	☐	☐	☐	☐
Mortons Extension	☐	☐	☐	☐	☐
Reverse Morton Extension		☐	☐	☐	☐
Toe Crest Pad	☐	☐	☐	☐	☐

Heel Cut-out ☐ Cental ☐ Medial ☐ Lateral

Others: _____ _____ _____

Gate Plate Intoeing *Gate Plate Outeoing*

Posting

	Bilateral	Left	Right
Extrinsic RF Heel Post:	☐	☐	☐
Neutral: _____ Varus: _____ Valgus: _____			
Extrinsic FF Post:	☐	☐	☐
Neutral: _____ Varus: _____ Valgus: _____			
Intrinsic Heel Post	☐	☐	☐
Neutral: _____ Varus: _____ Valgus: _____			
Intrinsic Forefoot Post	☐	☐	☐
Neutral: _____ Varus: _____ Valgus: _____			

Archfill: ☐ Soft ☐ Medium ☐ Firm

Heel Lift: Left: _____mm Right: _____mm

Heel Cup Depth ☐ 10 ☐ 14 ☐ 15 _____

Others: _____

Bottom Cover

	Yes		No	
Vinyl	☐	Black	☐	Blue
P-Cell	☐	Black	☐	Blue
Cordura	☐	Black	☐	N/A
Nyplex	☐	Black	☐	Blue

Others: _____

Additional Request

Examination Findings

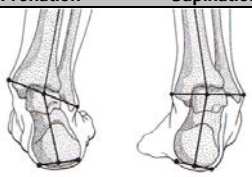
Arch Height (Weight Bearing)

	Left	Right
Low	☐	☐
Medium	☐	☐
High	☐	☐

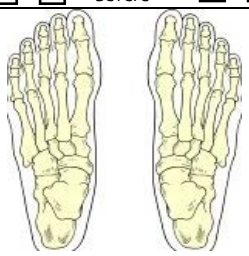
Arch Height (Non Weight Bearing)

	Left	Right
Low	☐	☐
Medium	☐	☐
High	☐	☐

Pronation **Supination**



Left	Right		Left	Right
☐	☐	Mild	☐	☐
☐	☐	Moderate	☐	☐
☐	☐	Severe	☐	☐



MD Diagnosis

Foot Lift ($15.00 a pair)

Footwear Enclosed : _____ **Size:** _____ **Color:** _____

Last Updated: January 20, 2023