



# Prescription Order Form

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Website: www.comfortfitlabs.com

<b>FOR OFFICE USE ONLY</b>	
Date of Order	_____
Account #	_____
Order #	_____

Dr. Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size/Type \_\_\_\_\_  
 Activity \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Ship to Patient's Address \_\_\_\_\_

### SPORTS ORTHOTICS – STANDARD MET LENGTH

- SportFit       SportFit Plus       ComfortFlex

### GRAPHLITE COMPOSITE ORTHOTICS – STANDARD MET LENGTH

- Graphlite I Flexible       Graphlite II Semi-Flexible       Graphlite III Rigid

### WOMEN'S DRESS ORTHOTICS – STANDARD SULCUS LENGTH

- CasualFit       CasualFit Plus       SlimFit

### MEN'S DRESS ORTHOTICS

- DressFit - Standard Sulcus Length       UltraFit - Standard Met Length

### ACCOMMODATIVE ORTHOTICS – STANDARD MET LENGTH

- ComfortLite     SoftFit     Basic Leather  
 Choose Your Filler:     EVA     Poron     Cork

### DIABETIC ORTHOTICS – STANDARD FULL LENGTH

- DiabeticFit:     Soft     Flexible     Firm     Rigid  
 Prosthesis Toe or Transmet Filler

### PEDIATRIC FUNCTIONAL ORTHOTICS – STANDARD MET LENGTH

- Controller       Gait Plate – to correct out-toe  
 UCBL       Gait Plate – to correct in-toe

### ADULT FUNCTIONAL ORTHOTICS – STANDARD MET LENGTH

- Controller       UCBL

### CLASSIC LEATHER – STANDARD FULL LENGTH

- Leather Balancer     Leather Shaffer     Leather Laminate

### POSTING INSTRUCTIONS

- Post to casts     Compressible FF – Post to sulcus
- Rearfoot     Extrinsic     Intrinsic  
 LEFT     Varus \_\_\_\_\_     Valgus \_\_\_\_\_  
 RIGHT     Varus \_\_\_\_\_     Valgus \_\_\_\_\_
- Forefoot     Extrinsic     Intrinsic  
 LEFT     Varus \_\_\_\_\_     Valgus \_\_\_\_\_  
 RIGHT     Varus \_\_\_\_\_     Valgus \_\_\_\_\_

### EXTENSION FROM DISTAL EDGE

- 1/16" Poron to:     Sulcus     Full  
 1/8" Poron to:     Sulcus     Full

### PADDING OVERSHELL HEEL TO

- 1/16" Poron to:     Mets     Sulcus     Full  
 1/8" Poron to:     Mets     Sulcus     Full

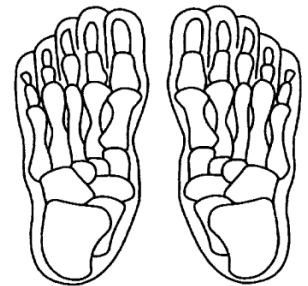
### TOP COVER CHOICES

- Diabetic       Mets     Sulcus     Full  
 Spenco\*       Mets     Sulcus     Full  
 Bamboo Neolon     Mets     Sulcus     Full  
 Leather       Mets     Sulcus     Full  
 Blue Cloud       Mets     Sulcus     Full  
 Vinyl       Mets     Sulcus     Full

### ADDITIONS & ACCOMMODATIONS

	Left	Right	Both	Additional Information
First Met Head Cutout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dancer Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Cup Depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Very Deep
Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2"
Heel Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"
Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad <input type="checkbox"/> Cutout
Lateral Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Medial Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High
Morton's Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____
Scaphoid Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lateral Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Reinforce Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accommodate for lesions as marked on cast:



Right     Left

Plantar View

### DIAGNOSIS / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/> Tracing Enclosed
<input type="checkbox"/> Shoes Enclosed

\*or equivalent