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PRESCRIPTION ORTHOSIS ORDER FORM

(Lab use only)

Date: _____ Practitioner: _____ Phone: (____) _____

Billing Address: _____ Shipping Address (if different): _____

Patient: _____ Last _____ First _____ Medical Rec. #: _____

Gender: Male Female Age: _____ Wt: _____ Ht: _____ Shoe size: _____ Shoe type: _____

Invoice #: _____
Ship date: _____
IBS: \$ _____
Bal. by: _____
L _____° inv. / ev. R _____° inv. / ev.
L _____ R _____ negative
L _____ R _____ positive
L _____ R _____ orthoses
L _____ R _____ shoes
L _____ R _____ other: _____

I. Orthosis Type (see back of form for product descriptions and defaults. Use sections II - VI to modify defaults as desired.)

Functional	Sports	Dress	Specialty
<input type="checkbox"/> Polypropylene <input type="checkbox"/> PolyMax™ <input type="checkbox"/> Graphite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Acrylic	<input type="checkbox"/> Multi-Sport™ <input type="checkbox"/> Multi-Sport-Plus™ <input type="checkbox"/> Soft-Sport™ <input type="checkbox"/> Soft-Sport-Flex™ <input type="checkbox"/> SSC™	<input type="checkbox"/> Men's Dress <input type="checkbox"/> Women's Casual <input type="checkbox"/> Women's High-Heel <input type="checkbox"/> Hole-Heel™ <input type="checkbox"/> Cobra	<input type="checkbox"/> Blake (circle inv.°) 25° / 35° / 45° <input type="checkbox"/> Modified UCBL <input type="checkbox"/> Cushion-Flex™ <input type="checkbox"/> Cushion-Flex-Control™ <input type="checkbox"/> Diaba-Flex™ <input type="checkbox"/> Diaba-Flex-Control™ <input type="checkbox"/> Accommodative

II. Orthosis Material (use this section to indicate optional material or thickness)

Polypropylene <input type="checkbox"/> White <input type="checkbox"/> Natural <input type="checkbox"/> 1/8 <input type="checkbox"/> 5/32 <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/4 (see material stiffness guide on back of form) Graphite Composite (TL-2100) <input type="checkbox"/> .070 semi-flexible <input type="checkbox"/> .110 rigid <input type="checkbox"/> .090 semi-rigid <input type="checkbox"/> .110 ultra strength	Fiberglass Composite (TL-Silver) <input type="checkbox"/> .085 semi-rigid <input type="checkbox"/> .110 rigid Acrylic (Polydor) <input type="checkbox"/> Amber <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> 3mm <input type="checkbox"/> 3.5mm <input type="checkbox"/> 4mm <input type="checkbox"/> 5mm High-Density Polyethylene (HDPE) <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm
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VI. Top Covers and Extensions

Top cover length:
 Orthosis only To sulcus Full length

Top cover material:
 Vinyl: Black Forest Bronze
 Leather: Black Brown
 EVA: 1/16" 1/8"

III. Corrections & Modifications

<u>Cast orientation:</u> <input type="checkbox"/> L <input type="checkbox"/> R Vertical L _____° R _____° Inverted L _____° R _____° Everted <u>Forefoot correction type:</u> <input type="checkbox"/> L <input type="checkbox"/> R Intrinsic (balance cast) <input type="checkbox"/> L <input type="checkbox"/> R Extrinsic (forefoot post)	<u>Modifications:</u> L _____ R _____ Plantar fascia accom. (mm) L _____ R _____ Styloid accom. (mm) L _____ R _____ As marked on cast (mm) L _____ R _____ Add. lat. heel expansion (mm) L _____ R _____ Medial heel skive (mm) <input type="checkbox"/> L <input type="checkbox"/> R No filler between platforms	<u>Medial arch fill:</u> <input type="checkbox"/> L <input type="checkbox"/> R Increased <input type="checkbox"/> L <input type="checkbox"/> R Standard <input type="checkbox"/> L <input type="checkbox"/> R Decreased <input type="checkbox"/> L <input type="checkbox"/> R Minimal
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NCN™ (Nylon/Neoprene): 1/16" 1/8"
 Diabetic: (1/16" poron, 1/8" plastazote)
 Poron under topcover: 1/16" 1/8"

Bottom cover material:
 EVA: 1/16"

Forefoot Extension:
 Material: Poron Korex EVA NCN™
 Thickness: 1/16" 1/8" 3/16" 1/4"
 Extension Length: Sulcus Full length

IV. Orthosis Specifications

<u>Heel cup height:</u> <input type="checkbox"/> L <input type="checkbox"/> R 10mm (shallow) <input type="checkbox"/> L <input type="checkbox"/> R 14mm (normal) <input type="checkbox"/> L <input type="checkbox"/> R 18mm (deep) Other: Med. Lat. Left: _____mm _____mm Right: _____mm _____mm	<u>Anterior width:</u> <input type="checkbox"/> L <input type="checkbox"/> R Extra narrow <input type="checkbox"/> L <input type="checkbox"/> R Narrow <input type="checkbox"/> L <input type="checkbox"/> R Standard <input type="checkbox"/> L <input type="checkbox"/> R Wide <input type="checkbox"/> L <input type="checkbox"/> R Extra wide <input type="checkbox"/> L <input type="checkbox"/> R Full width	<u>Other shell configurations:</u> <input type="checkbox"/> L <input type="checkbox"/> R Lateral flange <input type="checkbox"/> L <input type="checkbox"/> R Wide arch profile <input type="checkbox"/> Thin material at heel contact <input type="checkbox"/> Fit to enclosed shoe <input type="checkbox"/> Cut out proximal to 1st met head <input type="checkbox"/> Cut out proximal to 5th met head
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Accommodations and additions:
 (please mark location on cast and diagram below)
 L R Morton's extension
 L R Rev. Morton's extension
 L R Metatarsal pad
 L R Heel pad 1/16" 1/8"
 L R Horseshoe pad
 L R Neuroma pad (mark interspace below)
 L R Sweet spot (mark location below)
 L R EVA bottom fill
 L R Medial arch reinf.: Korex EVA

V. Posting

<u>Rearfoot post:</u> <input type="checkbox"/> No Post <input type="checkbox"/> Crepe <input type="checkbox"/> Birkocork™ <input type="checkbox"/> Acrylic <input type="checkbox"/> Polypropylene	<u>Rearfoot post motion:</u> <input type="checkbox"/> L <input type="checkbox"/> R 4° motion <input type="checkbox"/> L <input type="checkbox"/> R 0° motion Other: L _____° R _____°	<u>Rearfoot post options:</u> <input type="checkbox"/> L <input type="checkbox"/> R Medial post flare <input type="checkbox"/> L <input type="checkbox"/> R Lateral post flare <input type="checkbox"/> L <input type="checkbox"/> R Long post <input type="checkbox"/> L <input type="checkbox"/> R Short post
<u>Heel lift:</u> L _____ R _____ (mm)	<u>Rearfoot posting elevator:</u> <input type="checkbox"/> L <input type="checkbox"/> R 4mm <input type="checkbox"/> L <input type="checkbox"/> R 8mm L _____ R _____ Other (mm)	<u>Non-corrective forefoot post:</u> <input type="checkbox"/> L <input type="checkbox"/> R Full width <input type="checkbox"/> L <input type="checkbox"/> R Medial corner <input type="checkbox"/> L <input type="checkbox"/> R Lateral corner



Chief complaint/diagnosis: _____

Practitioner's Signature (required): **X**

Rush Order:
 2 day turnaround (\$20)
 Next day turnaround (\$40)
 Requested on/before: ____/____/____

Express shipping:
 3 day select
 2nd day air
 Next day air

Please send more:
 Rx forms Small boxes
 Address labels Large boxes
 Prepaid labels

Store positive molds for 60 days

Comments/Instructions:

