



# Kings Ortho Solutions Inc

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## ORTHOTIC PRESCRIPTION ORDER FORM

### FOR OFFICE USE ONLY

Date of Order \_\_\_\_\_

Account # \_\_\_\_\_

Order # \_\_\_\_\_

Doctor Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Shoe size/type \_\_\_\_\_  
 Activity \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Ship To Address \_\_\_\_\_

#### SPORTS ORTHOTICS – STANDARD MET LENGTH

SportFit  SportFit Plus  ComfortFlex

#### GRAPHLITE COMPOSITE ORTHOTICS – STANDARD MET LENGTH

Graphlite Flexible  Graphlite II Semi-Flexible  Graphlite III Rigid

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

CasualFit  CasualFit Plus  SlimFit

#### 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

Eva  Mets  Sulcus  Full

Leather  Mets  Sulcus  Full

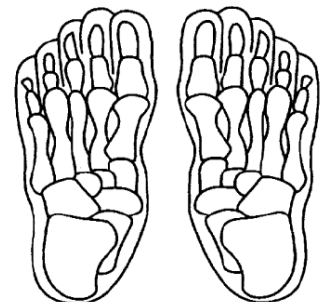
Blue Cloud  Mets  Sulcus  Full

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

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

Tracing Enclosed  
 Shoes Enclosed