



Hi Tech **Canadian Custom Shoe Lab Inc.**

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FOR LABORATORY USE ONLY

Date in: _____
Date out: _____
Number: _____

PRESCRIPTION FORM

ACCOUNT INFORMATION

Name/Clinic _____
Address _____
Phone (_____) _____

PATIENT INFORMATION (PLEASE PRINT)

Name _____
Sex _____ Weight _____
Type of shoes _____ Shoe size _____

TYPES OF ORTHOTICS

Full Length Sulcus 3/4

Casual
1/16 PPT, Vinyl top cover

Sport
1/8 PPT, Sport mesh top cover

Dress
1/16 PPT, to end of shell, Vinyl top cover

Diabetic
1/16 PPT+1/8 Plastozote top cover

Soft
1/8 PPT, Microcell puff cover

UCBL
1/16 PPT, Colour kids top cover

Marathon
1/8 PPT, Arch fill Vinyl top cover

OTHER TOP COVER

Vinyl Sport Mesh Leather Kids cover

COLOURS

Black Navy Tan

ORTHOPEDIC

SHOES **SANDALS**

Style _____ Colour _____ Size _____

Style _____ Colour _____ Size _____

ADDITIONS AND MODIFICATIONS



Heel Spur Pad
 Both Left Right



Rear Foot Posting
 Both Left Right



Heel Cushion
 Both Left Right

Arch Fill
 Both Left Right



Met Pad
 Both Left Right

Heel Raise
 Left _____ mm
 Right _____ mm



Heel Cushion-Centre Pocket
 Both Left Right

1st Ray Cut Out
 Left Right



Morton's Extension
 Both Left Right

High Medial Flange
 Left Right

BIOMECHANICAL EXAMINATION FINDINGS

Arch Height-Off Weight Bearing

High Medium Low

Arch Height Weight Bearing

High Medium Low

Subtalar Joint Range of Motion

Hypermobile Normal Restricted

Relaxed Calcaneal Stance

Inverted Vertical Everted

Gait Pattern

Straight In-toe Out-toe

Severe in-toe

CHIEF COMPLAINT DIAGNOSIS



LEFT



RIGHT

Supination

L R

Pronation

L R

Mild

Moderate

Severe

ADDITIONAL REQUEST

Thank You for choosing Hi Tech **Canadian Custom Shoe Lab**