

133 Moneymore Road
Cookstown Co Tyrone
BT80 9UU

R IRELAND & EUROPE CALL:
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>>> EMAIL: enquiries@ortint.net



DATE: _____

PRACTITIONER: _____ PATIENT NAME: * _____

CLINIC NAME: _____ PATIENT SHOE SIZE: * _____

ADDRESS: _____ PATIENT WEIGHT: * _____

EMAIL: _____ CHIEF COMPLAINT: _____

TELEPHONE: _____

PRESCRIPTION:

ORTHOTIC SHELL	TOPCOVER	MET PADS	REARFOOT POST
2MM (UNDER 70KG)	NAUGAHYDE (SMOOTH LEATHER/VINYL)	YES	INTRIN. EXTRIN
3MM (OVER 70KG)	LUNAIRMED	ALL MET PADS 10MM DISTAL	LEFT ° _____
	LUNASOFT — BLACK RED GREY/BLACK MARBLE	LO PROFILE AS STANDARD	RIGHT _____°
	WHITE/BLACK MARBLE	HIGH PROFILE	VARUS VALGUS
LENGTH	ETC — BLUE BLACK	20MM DISTAL	1ST MET CUTOUT
3/4	STARSUEDE	_____ MM	LEFT
SULCUS	SUEDE LEATHER		RIGHT
FULL LENGTH	NEOPRENE		

FURTHER CUSTOMISATION:

FOREFOOT PAD	FULL HEEL CUSH.	MORTONS EXT.	SCAPH PAD	FOREFOOT POSTING EXTRIN.
LEFT	LEFT	LEFT	LEFT	LEFT ° _____
RIGHT	RIGHT	RIGHT	RIGHT	RIGHT° _____
		SOFT	NORMAL	3/4 SULCUS
		HARD	LOW	
SUB MET ACCM.	SPUR PAD	REV MORTON	SHOCK ABSORBER	HEEL RAISE
LEFT	LEFT	LEFT	(UNDER HEEL)	LEFT _____ MM
RIGHT	RIGHT	RIGHT	LEFT RED	RIGHT _____ MM
1		SOFT	RIGHT	
2		HARD	1/16"	SOFT MEDIAL FLANGE
3	EXTRA PADDING		1/8"	LEFT RIGHT
4	(UNDER TOP COVER)			
5	1/16"			
	1/8"			

ORTHOTIC TYPE:

WOMEN

☐

DRESSFLEX
COURTFLEX

MEN

☐

SUPERFLEX
RUNFLEX

SPECIALISED

☐

SOCCERFLEX
CUSHIONFLEX

ADDITIONAL INFORMATION:

THE SPACE BELOW IS FOR OFFICE USE ONLY

DATE RECEIVED: _____	ORDER BY EMAIL: _____	☐ CONSULT	☐ INFO INCOMPLETE	LAB REPAIR COMPLETE: _____
LAB RECEIVED: _____	CAST/FOAM BOX: _____	☐ CALL	☐ EMAILED	DATE SHIPPED: _____