



STRIDE™

CUSTOM ORTHOTICS

FOOT ORTHOSIS DISPENSING FORM

Patient's Name: _____ Date: _____

Subjective Report:

Patient's Chief Complaint or Problem: _____

Objective Report:

Orthotic Identification Number: _____

Orthosis Style Dispensed:

- Basic Foot Orthotic, Extended Basic Foot Orthotic, Copoly Foot Orthotic, Extended Copoly Foot Orthotic, Standard Dress Orthotic, Slim Dress Orthotic, 2nd Pair (circle one): Dress or Sport, Depth Orthotic, Extended Depth Orthotic, Diabetic Foot Orthotic / Custom, Diabetic Foot Insert / Non-Custom, Arthritic Specific Foot Orthotic, Refurbishment

Posting: Rearfoot Posting, Forefoot Posting, Other: _____, Intrinsic, Extrinsic (Medial or Lateral)

Inlays or Additions to Orthotic:

- Heel Cushion, Met Bar, MTM, Met Bar with (1 2 3 4 5) MTH Cutout, Heel Lift Height, Other (L R)

Orthosis Length:

- Met Head, Sulcus, Toes

Top Covers:

- Vinyl, Neolon, J-Foam, Plastizote, With Thermosky FF Extension

Patient Education:

Break-in instructions issued? Initial break-in (hrs/day): Day 1 Day 2 Day 3

Shoes:

- New, Athletic, Extra-Depth, Existing, Dress, Custom Molded, Existing Shoes Inappropriate, Size, Men's / Women's / Child, Walking, Work Boot, Other

Shoe Modifications: Elevation Height (L R) (Attached Unattached)

Clinicians Assessment:

Orthosis fit to foot contours, Orthosis fit to shoe, Patient's initial rating, Mechanical alignment with orthosis, Prognosis, Excellent, Good, Fair, Poor

Plan:

- Orthotics to be worn as per break-in instructions, Orthotic follow-up visit has been scheduled in: 1wk 2wk 3wk PRN, Patient is discharged at this time.

Clinician's Signature: _____