



11833 Westline Industrial Drive St. Louis, MO 63146-3312
Customer Service Direct (314) 912-0087 · FAX (314) 991-5720

FOR OFFICE USE ONLY

DATE: _____
CAST _____
LABELS \$ _____

Prescription Form for Foot Orthoses

ALL INFORMATION BELOW MUST BE COMPLETED

PURCHASE ORDER #: _____ CUSTOMER #: _____
BILL TO: _____ SHIP TO: _____
Facility Name: _____ Facility Name: _____
Address: _____ Address: _____

Contact Name: _____ Contact Name: _____
Email: _____ Email: _____
Telephone #: _____ Telephone #: _____

- Regular Order Please Return Cast
- Rush Order (1 day turn around)
- Ground Next Day 2nd Day 3rd Day Need/Request By Date _____

PATIENT INFORMATION

Name or MRN #: _____
Age _____ Height _____ Weight _____ Male Female Shoe Size/ Width _____ / _____
Shoe type: Athletic _____ Work _____ Dress _____ Other _____
Occupation/Activity _____
DIAGNOSIS _____

Shoes having removable inserts are optimal for function, fit and comfort when used with custom foot orthoses. Use removable inserts or liners as a guide or template to trim and fit your Resource Lab Foot Orthoses into shoes.

In connection with the manufacture of this orthotic(s), Resource Labs, a division of Wrymark, Inc., has relied upon the information provided on this prescription to be accurate and correct. Resource Labs has not and expressly disclaims any responsibility to verify independently whether or not the prescription is appropriate under the circumstances for the needs of the individual for whom the prescription has been entered. By submission of this prescription, the prescribing authority acknowledges and agrees that he/she is in compliance with all applicable state and federal laws impacting the prescription of this/these orthoses. All prescribed postings and modifications performed by Resource Labs on the orthoses or casts are based upon the assumption that the impression(s) or cast(s) have been properly measured, made, and documented in this prescription by the prescribing authority and are functional in relation to the needs of the individual for whom the prescription has been entered. Resource Labs accepts no responsibility and shall not be held liable for the functionality and/or effectiveness of the orthoses. Resource Labs disclaims all warranties, expressed or implied, including without limitation, the implied warranties of merchantability and fitness for a particular purpose.
In all events the liability of Resource labs for any and all claims, whether based on contract, tort or otherwise shall not exceed the purchase price for the orthoses giving rise to such claim.

Prescribing Authority: _____ Date _____

Questions regarding these products and the viability for specific pathologies and applications may be addressed by calling 800-969-3668.

THERMO-PLASTIC Dress and Athletic	1st Ray Cut-out <input type="checkbox"/> Left <input type="checkbox"/> Right Metatarsal Cut-out Left (circle) 1 2 3 4 5 Right (circle) 1 2 3 4 5 Morton's Extension <input type="checkbox"/> Left <input type="checkbox"/> Right Deep Heel <input type="checkbox"/> Left <input type="checkbox"/> Right Flanges <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Left <input type="checkbox"/> Right
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<input type="checkbox"/> CLASSIC (Rigid) co-poly II core, black vinyl top-cover, crepe heel post <input type="checkbox"/> POLYPRO (Rigid) polypro core, 1/16" poron, vinyl top-cover, crepe heel post <input type="checkbox"/> PERFORMER (Rigid) (Poly II) co-poly core, 1/16" Poron, nylon top-cover, crepe heel, leather bottom extension
<input type="checkbox"/> COMPETITOR (Semi-rigid) co-poly I core, 1/16" Poron, EVA top-cover, cork heel, leather bottom extension Core thickness <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm <input type="checkbox"/> PROSPORT (Semi-rigid) co-poly I, Arch-fill, 1/16" Poron, EVA top-cover, cork heel, full length leather bottom cover Core thickness <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm

THERMO-FOAM	Thermo-foams not available with high flanges or deep heel cups.
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<input type="checkbox"/> DURABASE Dense EVA foam, 1/16" Poron with EVA top-cover, leather bottom <input type="checkbox"/> *TRICUSH Tri layered EVA with soft EVA base <input type="checkbox"/> *PUFF 1/4" EVA full length top-cover, 1/8" Nickleplast, 1/4" EVA <input type="checkbox"/> CORK Cork base, 1/16" Poron, leather top-cover, leather bottom	*Optional Base (Tricush and Puff) <input type="checkbox"/> Cork <input type="checkbox"/> Pelite <input type="checkbox"/> EVA
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ACCOMMODATIVE <i>(Full Length Only)</i>	ACM-MC Conforms to Medicare diabetic guidelines. TRULITE May be posted to influence biomechanical corrections.
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<input type="checkbox"/> ACM I 1/4" Plastazote I (pink); 1/4" Plastazote II (white) and 1/8" Poron - No base material <input type="checkbox"/> ACM-MC Soft EVA top-cover (pink); 1/16" Poron, 1/4" EVA <input type="checkbox"/> 1 pair <input type="checkbox"/> 2 pair <input type="checkbox"/> 3 pair special (3/pr price valid on ACM-MC only) <input type="checkbox"/> TRULITE 1/8" Pink Plastazote, 1/16" Poron, 1/8" EVA, pelite core <input type="checkbox"/> **Additional Base (ACM/ACM-MC)

SPECIALTY PRODUCTS Please call for specific applications.	<input type="checkbox"/> Toe Fill <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> UCBL <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Poly-Visco Elastic Base (bonded to EVA top cover) <input type="checkbox"/> Poly-Visco Elastic Heel
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Dynaflex foot plate (carbon graphite laminate) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Flexible <input type="checkbox"/> Firm <input type="checkbox"/> Rigid <input type="checkbox"/> Flat <input type="checkbox"/> Contour <input type="checkbox"/> Morton's Extension <input type="checkbox"/> Male <input type="checkbox"/> Female Shoe Size / Width _____ / _____

<input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus Length <input type="checkbox"/> 3/4 Length

Left Foot	Posting Instructions	Right Foot
Fore Foot: in. _____ mm _____ medial lateral		Fore Foot: in. _____ mm _____ medial lateral
Rear Foot: in. _____ mm _____ medial lateral		Rear Foot: in. _____ mm _____ medial lateral
Metatarsal Pads:		Metatarsal Pads:
<input type="checkbox"/> Tear Drop <input type="checkbox"/> Bar <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large		<input type="checkbox"/> Tear Drop <input type="checkbox"/> Bar <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large
Heel Cushions: <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> Heel Spur Cut-Out		Heel Cushions: <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> Heel Spur Cut-Out
Heel Lift: in. _____ mm _____		Heel Lift: in. _____ mm _____

Refurbished foot orthotics (Thermo-Plastic only)-Special Instructions