



BioStepOrtho.com
7618 Woodman Avenue Unit 10
Panorama City, California 91402

T 818 373 0010
F 818 373 0030

FUNCTIONAL FOOT ORTHOTIC RX FORM

Hanger Direct PO# _____

CLIENT INFORMATION **BILLING INFO** **SHIPPING INFO** SAME AS BILLING INFO?

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ - _____ FAX (____) _____ - _____
EMAIL _____ PO# _____
CASTING CONTACT _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ - _____ FAX (____) _____ - _____
 STANDARD DELIVERY (3-5 Business Days) RUSH DELIVERY + EXTRA CHARGE
Needed By: ____/____/____

PATIENT INFO NAME _____ PART # _____
GENDER _____ WEIGHT _____ AGE _____ HEIGHT (Inches) _____ *SHOE SIZE (Required) _____
SHOE STYLE _____ SHOES ENCLOSED INSOLES ENCLOSED TRACING ENCLOSED

STEP 1 CHOOSE A BASE ORTHOTIC TYPE

- HANGER DIRECT PART # Item / Service Name
- 1001 **FUNCTIONAL ORTHOTICS**
 - 1002 **Rigithotic - 4mm Poly, Rigid**
 - 1002 **Multipurpose - 3mm Poly, Semirigid**
 - 1003 **SPORT ORTHOTICS**
 - 1004 **Running - 3mm Poly, 3o Varus FF Running Wedge**
 - 1005 **Aerobic - 2mm Poly, Soft EVA Arch fill, Flexible**
 - 1006 **Basketball - 3mm Poly, Soft EVA Arch fill, Semirigid**
 - 1006 **Sport Graphite - Carbon shell, Semirigid**
 - 1007 **ACCOMMODATIVE ORTHOTICS**
 - 1008 **Geriatric - 2mm Poly, Semi-Flexible**
 - 1009 **Accommodative - EVA Shell, Soft covers standard, Flexible**
 - 1010 **Bio-Cork - Thermocork Shell, Soft Covers Standard.**
 - 1010 **BioStep TLCO - Deep heel cup, high Medial/Lateral walls.**
All Cork and EVA Construction
 - >>> **Diabetic Insert - See our "Custom Diabetic Order Form"**
 - 1013 **PEDIATRIC ORTHOTICS**
 - 1013 **Gait Plate - Lateral Wall, Deep Heel Cup**
Please Specify: Promote In-Toeing or Out-Toeing
 - 1014 **U.C.B.L. - 3mm Poly, Deep Heel Cup with lateral, wall medial flare.**
 - 1015 **FASHION ORTHOTICS**
 - 1015 **Fashion Graphite - Flat Heel Cup, Graphite Shell, No Post**
 - 1016 **Poly-Fashion - Flat Heel Cup, Poly Shell, No Post**

STEP 2 CHOOSE SHELL ADDITIONS

- L R
- Morton's Extension
 - Reverse Morton's Extension
 - Medial Flare
 - Lateral Wall
 - Heel Punch

STEP 3 CHOOSE POSTING YES NO POST NEUTRAL

Extrinsic Rear Foot **Extrinsic Fore Foot**

Varus L _____ R _____ Varus L _____ R _____

Valgus L _____ R _____ Valgus L _____ R _____

Intrinsic Rear Foot **Intrinsic Fore Foot**

Varus L _____ R _____ Varus L _____ R _____

Valgus L _____ R _____ Valgus L _____ R _____

Heel Lift L _____ mm R _____ mm

STEP 4 CHOOSE PADS AND ACCOMODATIONS

L R

- Met Pad 2-4
- Met Bar 1-5
- Heel Pad
- Horse Shoe Pad
- Dancers Pad

MPJ Accommodations

	1	2	3	4	5
<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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