



BioStep Inc. 7221 Clybourn Ave.
 Sun Valley, CA 91352
 818 373 0010 T
 818 373 0030 F
 www.biosteportho.com

FUNCTIONAL FOOT ORTHOTIC RX FORM

DATE: _____

Hanger Direct PO# _____

CLIENT INFORMATION

BILLING INFO

SHIPPING INFO

SAME AS BILLING INFO?

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

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIPCODE _____
 PHONE (____) ____ - _____ FAX (____) ____ - _____

STANDARD DELIVERY

RUSH DELIVERY + EXTRA CHARGE

Needed By: ____/____/____

PART# 1027

PATIENT INFO

NAME _____

GENDER _____ WEIGHT _____ AGE _____ HEIGHT (Inches) _____ *SHOE SIZE (Required) _____

SHOE STYLE _____ SHOES ENCLOSED INSOLES ENCLOSED TRACING ENCLOSED

STEP 1 CHOOSE A BASE ORTHOTIC TYPE

STEP 2 CHOOSE SHELL ADDITIONS

- HANGER DIRECT PART #
- FUNCTIONAL ORTHOTICS**
- 1001 **Rigithotic - 4mm Poly, Rigid**
- 1002 **Multipurpose - 3mm Poly, Semirigid**
- SPORT ORTHOTICS**
- 1003 **Running - 3mm Poly, 3o Varus FF Running Wedge** (or request)
- 1004 **Aerobic - 2mm Poly, Soft EVA Arch fill, Flexible**
- 1005 **Basketball - 3mm Poly, Soft EVA Arch fill, Semirigid**
- 1006 **Sport Graphite - Carbon shell, Semirigid**
- ACCOMMODATIVE ORTHOTICS**
- 1007 **Geriatric - 2mm Poly, Semi-Flexible**
- 1008 **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"**
- 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.**
- FASHION ORTHOTICS**
- 1015 **Fashion Graphite - Flat Heel Cup, Graphite Shell, No Post**
- 1016 **Poly-Fashion - Flat Heel Cup, Poly Shell, No Post**

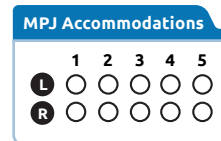
- L R
- Morton's Extension
- Reverse Morton's Extension
- Medial Flare
- Lateral Wall
- Heel Punch

STEP 3 CHOOSE POSTING YES EXTRINSIC NO POST NEUTRAL INTRINSIC

- | | |
|--|--|
| Extrinsic Rear Foot | Extrinsic Fore Foot |
| Varus <input type="radio"/> L _____ <input type="radio"/> R _____ | Varus <input type="radio"/> L _____ <input type="radio"/> R _____ |
| Valgus <input type="radio"/> L _____ <input type="radio"/> R _____ | Valgus <input type="radio"/> L _____ <input type="radio"/> R _____ |
| Intrinsic Rear Foot | Intrinsic Fore Foot |
| Varus <input type="radio"/> L _____ <input type="radio"/> R _____ | Varus <input type="radio"/> L _____ <input type="radio"/> R _____ |
| Valgus <input type="radio"/> L _____ <input type="radio"/> R _____ | Valgus <input type="radio"/> L _____ <input type="radio"/> R _____ |
| Heel Lift <input type="radio"/> L _____ | mm <input type="radio"/> 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





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STEP 5 CHOOSE COVERS

HANGER
DIRECT
PART # **OPTIONAL COVERS (PLUS CHARGE)**

Length

- Mets
- Sulcus
- Toes

Standard Covers

- Simulated Leather
- Spenco
- Plastazote
- Perforated EVA
- Non-Perforated EVA
- Swirl EVA (Choose Color)
 - Smoke Swirl
 - Green Swirl
 - Blue Swirl

Total Cover Thickness:
1/16" 1/8" 3/16" 1/4"

Genuine Leather

- Black
- Brown

Perforated Genuine Leather

- Midnight Black
- Steel Gray
- Toffee
- Moonlight Blue
- Angel Blue
- Rosewater

STEP 6 SPECIAL INSTRUCTIONS
