

Sure Orthotic Prescription Form



ALL Required Information

Patient Name: _____ D.o.B: ____ / ____ / ____
 Practitioner Name: _____
 Practice Name: _____

Standard Invoicing Address? yes no *Please specify alternate address in additional information*

Standard Delivery Address? yes no *Please specify alternate address in additional information*

UK Shoe Size:

Gender: M F

Diabetic? yes no

Patient Height:

Patient Weight:

Repeat Order?

yes no *optional*

Shoe Enclosed?

yes no *optional*

Sure OK System

For more information visit: www.surefeet.co.uk/OK

No need for casting! With the Sure OK system, generic templates are further developed to suit the individual requirements of your patient, simply and effectively. Any options in *green* are OK! All other additional variations available on request for an additional fee.

Using Sure OK System? yes no

Sure OK Shell Size:

Sure Custom Orthotic Options (tick unless otherwise specified)

* Rear Foot Posting

Left / Right (value °) left right

Intrinsic / Extrinsic int ext int ext

Varus / Valgus var val var val

* Heel Raise (mm) L R

* Heel Cup Depth hi mid low

* 1st Met Cut Out L R

Fore Foot Posting

Left / Right (value °) left right

Intrinsic / Extrinsic int ext int ext

Varus / Valgus var val var val

Kirby Heel Skive L R

Poron Arch Fill L R

* Met Domes

* Arch Pad

* Functional Hallux Limitus

With Filling?

* Met Bar (Mets 2-5)

* Mortons Extension

* Reverse Mortons Extension

* Met Cushioning (Mets 1-5)

* Heel Pad

* Horseshoe Pad

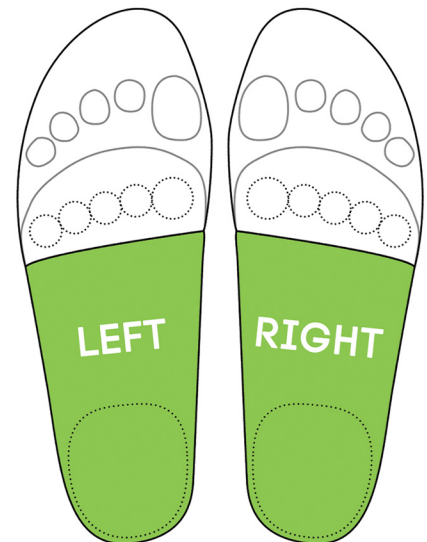
Plantar Fascia Accommodation

Heel Spur Accommodation

L	R
L	R
L	R
Y	N
L	R
L	R
L	R
L	R
L	R
L	R
L	R
L	R

Custom Padding Options:

Please indicate position of required padding (Thickness is 3mm, unless otherwise stated)



Orthotic Device Manufacturing Specifications

Construction: milled moulded

Material: poly carbon MD EVA HD EVA

* Type: (P.T.O. for further info) lifestyle active smart cobra

cycle carbon kids hike EVA

* Top Cover Material: EVA vinyl natural

* EVA Top Cover Colour: black green red crazy

* Poron Cushioning Thickness: none 1.6mm 3mm

* Cover Cut Length: full sulcus shell

Additional Information

RETURN TO: Sure Orthotics, Blue Gates, Tunstall Road, Biddulph, Stoke on Trent. ST8 7PX. FOR MORE INFORMATION, CONTACT: lab@sureorthotics.co.uk

Shipping Options

Turnaround Time: 2 Days 5 Days 10 Days

Notes: _____

Sure Office Use Only

Date Received: ____ / ____ / ____

Date Due Out: ____ / ____ / ____

Sure Orthotic Information

Sure Orthotics prides itself on delivering the very highest quality, complete custom orthotic products. To achieve this aim, the range of base models that Sure Orthotics offers, to which required adaptations may be made, is extensive. The table below illustrates the differences between our standard orthotic bases.

	<i>Ultra Low Heel Cup</i>	<i>Standard Heel Cup</i>	<i>High Heel Cup</i>	<i>Ultra Low Heel Raise</i>	<i>Standard Heel Raise</i>	<i>Intrinsic Heel Post / Raise</i>	<i>Full Length Standard Cut</i>	<i>Sulcus Length Standard Cut</i>	<i>Shell Length Standard Cut</i>	<i>1.6mm Poron Standard Cut</i>	<i>3mm Poron Cushioning</i>	<i>1mm Slimline EVA Cover</i>	<i>Polypropylene Shell</i>	<i>High Density EVA Shell</i>	<i>Carbon Fibre Shell</i>	<i>Forefoot Angles / Raises</i>	<i>EVA Arch Fill</i>	<i>Top Cover Colour Choice</i>	<i>10 Year Shell Guarantee</i>
Smart.	✓				✓	✓			✓	✓								✓	✓
Cobra	✓			✓		✓		✓		✓		✓	✓					✓	✓
lifestyle		✓			✓	✓	✓			✓		✓	✓					✓	✓
active		✓			✓		✓				✓		✓					✓	✓
hike			✓		✓		✓				✓		✓				✓	✓	✓
EVA		✓			✓		✓				✓		✓				✓	✓	✓
kids			✓		✓			✓			✓		✓					✓	✓
cycle		✓			✓	✓	✓			✓		✓	✓			✓		✓	✓
CARBON		✓			✓		✓				✓				✓			✓	✓

The custom built orthotic services provided by Sure Orthotics allow for an extensive array of adaptations to be made to an orthotic base. However, not all prescription specific adaptations may be made to all cut lengths of orthotic. To assist you in making the right choice when prescribing the orthotic cut length, please refer to the table below to ensure that your prescriptive adaptations are available on the orthotic length you choose.

	<i>Rear Foot Posting</i>	<i>Heel Raise</i>	<i>Heel Cup Depth Option</i>	<i>1st Met Cut Out</i>	<i>Fore Foot Posting</i>	<i>Kirby Heel Skive</i>	<i>Poron Arch Fill</i>	<i>Met Domes</i>	<i>Arch Pad</i>	<i>FHL Accommodation</i>	<i>FHL Filling</i>	<i>Met Bar</i>	<i>Morton's Extension</i>	<i>Reverse Morton's Extension</i>	<i>Met Cushioning</i>	<i>Heel Pad</i>	<i>Horseshoe Pad</i>	<i>Plantar Fascia Accommodation</i>	<i>Heel Spur Accommodation</i>
Full	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sulcus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
Shell	✓	✓	✓	✓	✓	✓	✓		✓					✓	✓	✓	✓	✓	✓