



Prescription Order Form

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(888) 523-1600 • (908) 259-9100 • Fax (908) 259-9105
Website: www.comfortfitlabs.com

FOR OFFICE USE ONLY	
Account #	_____
Order #	_____

Dr. Name _____
 Facility Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____

Patient Name _____
 Age _____ Sex _____ Weight _____ Shoe Size/Type _____
 Activity _____
 Condition _____
 Ship to Patients Address _____

SPORTS ORTHOTICS - STANDARD MET LENGTH

- SportFit SportFit Plus ComfortFlex

GRAPHLITE COMPOSITE ORTHOTICS - STANDARD MET LENGTH

- Graphlite I Flexible Graphlite II Semi-Flexible Graphlite III Rigid

WOMEN'S DRESS ORTHOTICS - STANDARD SULCUS LENGTH

- CasualFit CasualFit Plus SlimFit

MENS DRESS ORTHOTICS

- DressFit-Sulcus Length UltraFit-Met Length

ACCOMMODATIVE ORTHOTICS - STANDARD MET LENGTH

- ComfortLite SoftFit Leather
 Choose Your Filler: EVA Poron Cork

DIABETIC ORTHOTICS - STANDARD FULL LENGTH

- DiabeticFit: Soft Flexible Firm Rigid
 Prosthesis Toe & Transmet Filler

PEDIATRIC FUNCTIONAL ORTHOTICS - STANDARD MET LENGTH

- Controller Gait Plate - to correct out-toe
 UCBL Gait Plate - to correct in-toe

ADULT FUNCTIONAL ORTHOTICS - STANDARD MET LENGTH

- Controller UCBL

POSTING INSTRUCTIONS

- Post to Casts Compressible FF - Post to Sulcus
 Rearfoot: Extrinsic Intrinsic Forefoot: Extrinsic Intrinsic
 Left: varus ____° valgus ____° Left: varus ____° valgus ____°
 Right: varus ____° valgus ____° Right: varus ____° valgus ____°

TOP COVER CHOICES

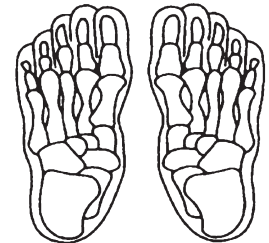
- Forefoot Extensions – From distal edge of shell to:
 1/16" Poron Sulcus Full
 1/8" Poron Sulcus Full
 Special requests – Leather Top Cover

- Padded Top Covers – Overshell from heel to:
 1/16" Poron Mets Sulcus Full
 1/8" Poron Mets Sulcus Full
 Diabetic Mets Sulcus Full
 Spenco (or equivalent) Mets Sulcus Full
 Anti Microbial Bamboo Neolon Top Cover Mets Sulcus Full

ADDITIONS & ACCOMMODATIONS

	Left	Right	Both	Additional Information
First Met Head Cutout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dancer Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Cup Depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Very Deep
Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2
Heel Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8
Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-pad <input type="checkbox"/> Cutout
Lateral Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Medial Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High
Morton's Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____
Scaphoid Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toe Crests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lateral Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/8 <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/4
Reinforce Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accommodate for lesions as marked on cast:



Right Left

Plantar View

DIAGNOSIS / SPECIAL INSTRUCTIONS

- Tracing Enclosed
 Shoes Enclosed