



Prescription Order Form

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 Website: www.comfortfitlabs.com

FOR OFFICE USE ONLY

Account # _____
 Order # _____

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

Patient Name and/or ID # _____
 Age _____ Sex _____ Weight _____ Shoe Size/Type _____
 Activity _____/Condition _____
 Ship To Patient _____
 PO # _____

SPORTS ORTHOTICS – STANDARD MET LENGTH

- SportFit Flex ComfortFlex SportFit SportFit SportFit Plus
- most flexible 2mm flexible 2mm with fill moderate 3mm rigid 4mm most rigid 4mm with fill

GRAPHLITE COMPOSITE ORTHOTICS – STANDARD MET LENGTH

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

DRESS ORTHOTICS – STANDARD SULCUS LENGTH

- Women's Casual Fit Women's Casual Fit Plus
- Women's Slim Fit Men's Dress Fit

ACCOMMODATIVE ORTHOTICS – STANDARD MET LENGTH

- Choose Your Filler: ComfortLite SoftFit Basic Leather
 EVA Poron* Cork

DIABETIC ORTHOTICS – STANDARD FULL LENGTH

- DiabeticFit: Flexible Rigid
 Prosthesis Toe or Transmet Filler**

PEDIATRIC FUNCTIONAL ORTHOTICS – STANDARD MET LENGTH

REQUIRED INFORMATION

***Less than 100 lbs OR Less than age 8 YES NO

- Controller Gait Plate – to correct out-toe
 - UCBL Gait Plate – to correct in-toe
- ****2mm red shell under 100 lbs / 3mm picasso shell over 100 lbs

ADULT FUNCTIONAL ORTHOTICS – STANDARD MET LENGTH

- Controller UCBL

CLASSIC LEATHER – STANDARD FULL LENGTH**

- Leather Balancer Leather Shaffer Leather Laminate

CORK ORTHOTIC – STANDARD MET LENGTH

- Cork Unibody Cork Dual Density

POSTING INSTRUCTIONS

- Post to casts Compressible FF – Post to sulcus
- Rearfoot Extrinsic Intrinsic
- LEFT Varus _____ Valgus _____
- RIGHT Varus _____ Valgus _____
- Forefoot Extrinsic Intrinsic
- LEFT Varus _____ Valgus _____
- RIGHT Varus _____ Valgus _____

EXTENSION FROM DISTAL EDGE

- 1/16" Poron* to: Sulcus Full
- 1/8" Poron* to: Sulcus Full

PADDING OVERSHELL HEEL TO

- 1/16" Poron* to: Mets Sulcus Full
- 1/8" Poron* to: Mets Sulcus Full

TOP COVER CHOICES

- Diabetic Mets Sulcus Full
- Spenco* Mets Sulcus Full
- Bamboo Neolon Mets Sulcus Full
- Memory Foam Mets Sulcus Full
- Leather Mets Sulcus Full
- Blue Cloud Mets Sulcus Full
- 1/16" 1/8"
- Vinyl Mets Sulcus Full

ADDITIONS & ACCOMMODATIONS

	Left	Right	Both	Additional Information
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
Medial Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Lateral Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
First Met Head Cutout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Standard <input type="checkbox"/> J-Shaped
Dancer Pads	<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"/> Medium <input type="checkbox"/> High
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"
Morton's Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EVA <input type="checkbox"/> Shell Extension**
Reverse Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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
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"
Reinforce Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medial 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"
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"

Accommodate for lesions as marked on cast:



Right Left

Plantar View

DIAGNOSIS / SPECIAL INSTRUCTIONS

- Tracing Enclosed
- Shoes Enclosed

*or equivalent

**premium product/accommodation

White – ComfortFit to Retain • Canary – Physician's Copy

Revision Date: November 2017