



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 _____
Age _____ Sex _____ Weight _____ Shoe Size/Type _____
Activity _____
Condition _____
 Ship to Patient's Address _____

SPORTS ORTHOTICS – STANDARD MET LENGTH

- SportFit SportFit Plus SportFit Flex 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

MEN'S DRESS ORTHOTICS

- DressFit - Standard Sulcus Length UltraFit - Standard Met Length

ACCOMMODATIVE ORTHOTICS – STANDARD MET LENGTH

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

DIABETIC ORTHOTICS – STANDARD FULL LENGTH

- DiabeticFit: Soft Flexible Firm Rigid
 Prosthesis Toe or 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

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

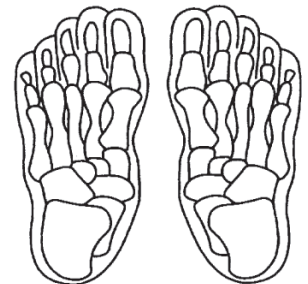
TOP COVER CHOICES

- 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