



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 # _____

FUNCTIONAL CUSTOM ORTHOTICS – STANDARD MET LENGTH

- SportFitFlex
2mm shell, non-reinforced
- SportFit
3mm shell, non-reinforced
- SportFit
4mm shell, non-reinforced
- ComfortFlex
2mm shell, EVA-reinforced
- ComfortFlex
3mm shell, EVA-reinforced
- SportFit Plus
4mm shell, EVA-reinforced

FUNCTIONAL CUSTOM CARBON ORTHOTICS – STANDARD MET LENGTH

- Graphlite I
Moderate
- Graphlite II
Semi-Rigid
- Graphlite III
Rigid

FUNCTIONAL CUSTOM DRESS ORTHOTICS – STANDARD SULCUS LENGTH

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

ACCOMMODATIVE REINFORCED CUSTOM ORTHOTICS – STANDARD MET LENGTH

- SoftFit Poron
- ComfortLite EVA

FUNCTIONAL DIABETIC CUSTOM ORTHOTICS – STANDARD FULL LENGTH

- DiabeticFit Flexible
- DiabeticFit Rigid
- Partial Foot Prosthesis
- Transmet Prosthesis

FUNCTIONAL PEDIATRIC CUSTOM ORTHOTICS – STANDARD MET LENGTH

This area is only for pediatric patients 80 pounds or under

- Moderate Control
- Maximum Control
- Gait Plate – to correct out-toe
- Gait Plate – to correct in-toe

FUNCTIONAL EXTRA-DEPTH CUSTOM ORTHOTICS – STANDARD MET LENGTH

- Moderate Adult Controller
- Max Depth Adult Controller

ACCOMMODATIVE LEATHER CUSTOM ORTHOTICS – STANDARD FULL LENGTH**

- Leather Balancer
- Leather Shaffer
- Leather Laminate
- Leather Poron
- Leather EVA

FUNCTIONAL CUSTOM CORK ORTHOTICS – 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

- 1.5mm Poron* to: Sulcus Full
- 3mm Poron* to: Sulcus Full

PADDING OVERSHELL HEEL TO

- 1.5mm Poron* to: Mets Sulcus Full
- 3mm Poron* to: Mets Sulcus Full

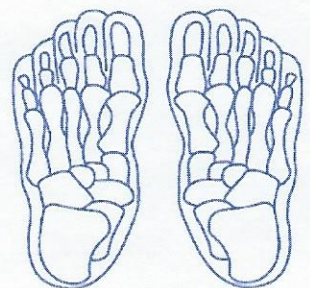
TOP COVER CHOICES

- Diabetic
- Spenco*
- Bamboo Neolon
- Memory Foam
- Leather
- Blue Cloud
- Vinyl
- Mets
- Sulcus
- Full
- Mets
- Sulcus
- Full
- Mets
- Sulcus
- Full
- Mets
- Sulcus
- Full
- 1.5mm
- 3mm
- 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"/> 8mm <input type="checkbox"/> 14mm <input type="checkbox"/> 20mm <input type="checkbox"/> 26mm
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"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
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"/> 1.5mm <input type="checkbox"/> 3mm
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"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <input type="checkbox"/> 12mm
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"/> 3mm <input type="checkbox"/> 4.5mm <input type="checkbox"/> 6mm
Lateral Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3mm <input type="checkbox"/> 4.5mm <input type="checkbox"/> 6mm

Accommodate for lesions as marked on cast:



Right Left

Plantar View

DIAGNOSIS / SPECIAL INSTRUCTIONS

- Tracing Enclosed
- Shoes Enclosed