



CUSTOM ORTHOTICS & SHOE MODIFICATION

★ PRESCRIPTION FORM ★

1024 JORDAN ST ★ MOUNT VERNON, IL 62864
 PHONE: (618) 242-4442 ★ FAX: (618) 242-3942

★ 1. PATIENT INFORMATION ★

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Date of Birth: _____
 Shoe Size: _____ Width: _____
 Diagnosis / Condition: _____

★ 8. PHYSICIAN / THERAPIST INFORMATION ★

Physician / Therapist Name: _____
 Clinic / Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Fax: _____
 NPI / License #: _____

★ 2. PRESCRIPTION TYPE ★

- Custom Foot Orthotics
- Diabetic Inserts
- Accommodative Orthotics
- Functional Orthotics
- Shoe Modification Only
- Repair Existing Orthotics

★ 3. FOOT CONDITION / DIAGNOSIS ★

- Plantar Fasciitis
- Heel Pain
- Flat Feet / Pes Planus
- High Arch / Pes Cavus
- Metatarsalgia
- Arthritis
- Limb Length Discrepancy
- Neuropathy
- Diabetes
- Drop Foot
- Other: _____

★ 4. ORTHOTIC MODIFICATIONS ★

- Medial Arch Fill
- Metatarsal Pad
- Heel Cushion
- Heel Lift
- HEEL LIFT HEIGHT:**
- 1/16" 1/8" 3/16"
- 1/4" Other _____
- Forefoot Posting
- Rearfoot Posting
- Deep Heel Cup
- Custom Padding

★ 5. SHOE MODIFICATIONS (IF APPLICABLE) ★

- Rocker Bottom Sole
- Diedral Sole Flare
- Lateral Sole Flare
- Internal Wedge
- External Wedge
- Heel & Sole Lift
- Leg Brace Preparation
- Toe Accommodation
- Strap Modification
- Velcro Closure
- Zipper Installation
- Other: _____

★ 6. LEFT / RIGHT FOOT ★



- Left Only
- Right Only
- Both Feet

★ 7. ADDITIONAL INSTRUCTIONS / SPECIAL REQUESTS ★

★ 8. PHYSICIAN AUTHORIZATION ★

Physician / Therapist Signature: _____
 Date: _____
 NPI / License #: _____

REQUIRED FOR ALL CUSTOM ORTHOTICS & MODIFICATIONS

★ 9. PATIENT SIGNATURE (IF NEEDED) ★

Patient Signature: _____
 Date: _____

I UNDERSTAND THE ABOVE PRESCRIPTION AND INSTRUCTIONS.

QUALITY WORK. ★ HONEST SERVICE. ★ SINCE 1971.

THANK YOU FOR CHOOSING PARKWAY SHOE REPAIR SERVICE.