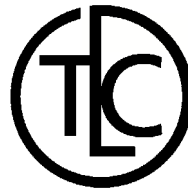


PRESCRIPTION FORM

TOTAL CONTACT ORTHOTIC LABS
714 Chief St. • P.O. Box 465 • Benkelman, NE 69021
866.574.0770 • www.totalcontactorthotic.com



TOTAL CONTACT ORTHOTIC LABS

DATE: _____ **Invoice #:** _____

PATIENT INFORMATION:

Name: _____

Age: _____ Height: _____ Weight: _____ Sex: _____

Shoe Size: _____ Width: _____ Shoe Style: _____

Occupation: _____ Activity Level: _____

Referring Practice: _____

Referring Doctor: _____ Credit Card on File:

PATIENT PROBLEMS:

- | | R | L | |
|--|--------------------------|--------------------------|--------------|
| 1: Back Pain | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2: Hip Pain | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3: Knee Pain:
(circle one) Medial / Lateral | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4: Leg Length Insufficiency | <input type="checkbox"/> | <input type="checkbox"/> | Length _____ |
| 5: Morton's Neuroma/Metatarsalgia | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6: Plantar Fascitis/Heel Spur | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7: Periphial Neuropathy | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8: Pes Planus/Navicular Drop | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9: Pes Cavus | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10: Shin Splints | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11: Tendonitis | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12: Other _____ | | | |

TOP COVERS:

- Comfort Cell
Blue Black Ice Storm Pink Forest Green
Pink & Purple Swirl Blue Marble
- Naugahyde (available on — woman, dress, basic & carbon)
Burgandy Tan Blue Brown Cream Black
- Nora Luna
- Spenco
- Diabetic/Accommodative

OTHER INSTRUCTIONS:

ORTHOTIC DESIGN:

- Total Choice - Physical Therapist
- Total Kid
- Total Woman
- Total Dress
- Total Cloud Walk
- Total Basic
- Total Carbon
- Total Sport
- Total Golf: Dominate Hand R L



AREAS OF PLANTAR SURFACE PAIN
(Please Circle)



AREAS OF PLANTAR SURFACE CALLUSING
(Please Circle)

SHIPPING OPTIONS:

- Regular (\$6/Way)
- 2nd Day (UPS Cost)
- Next Day (UPS Cost)

PLEASE SEND OUR OFFICE:

- Shipping Labels
- Bio Foam (Please call)
- Order Forms

Standard turnaround is 7 days in lab

- Rush Charge (\$30)
Please Initial _____
Date Needed _____

Retain pink copy for your files.