



PIONEERS ORTHOMEDIX Inc.

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FOR OFFICE USE ONLY

Date in:	
Date out:	
Number:	

PATIENT INFORMATION

CLINIC INFO: _____ First Name: _____ Last Name: _____
 Weight lbs: _____ Gender: _____ Shoe Size: _____ Type of shoes: _____

1. BIOMECHANICAL EXAMINATION FINDINGS		2. BIOMECHANICAL ASSESSMENT			
Arch Height-Off weight bearing <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Arch Height-weight bearing <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 		Right Left Lower back Pain <input type="checkbox"/> <input type="checkbox"/> Knee Pain <input type="checkbox"/> <input type="checkbox"/> Metatarsalgia <input type="checkbox"/> <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> <input type="checkbox"/> Calluses <input type="checkbox"/> <input type="checkbox"/> Corns <input type="checkbox"/> <input type="checkbox"/> Morton's Toe <input type="checkbox"/> <input type="checkbox"/>	Morton's Neuroma <input type="checkbox"/> <input type="checkbox"/> Mallet / Hammer / Claw Toes <input type="checkbox"/> <input type="checkbox"/> Hallux Valgus <input type="checkbox"/> <input type="checkbox"/> Hallux Limitus / Rigidus <input type="checkbox"/> <input type="checkbox"/> Shin Splints <input type="checkbox"/> <input type="checkbox"/> Achilles Tendonitis <input type="checkbox"/> <input type="checkbox"/>		

3. TYPES OF ORTHOTICS

<input type="radio"/> Sport • 3mm CUSHION - Sports Bleu ETC <input type="checkbox"/> R. F. P <input type="checkbox"/> Running, Walking <input type="checkbox"/> HOCKEY <input type="checkbox"/> SKI <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Tennis	<input type="radio"/> Casual • 2mm CUSHION - Vinyl Top Cover Plantar Fasciitis, Knee Pain, Metatarsalgia	<input type="radio"/> DRESS <input type="radio"/> FASHION DRESS • 1mm CUSHION - Vinyl top Cover For Ladies who wear high heels and fashion dress shoes
<input type="radio"/> Diabetic • 2mm Cushion+3mm Plastozote, Vinyl beige Top Cover	<input type="radio"/> MARATHON • 3mm Arch fill, 3mm Cushion Sport Black ETC Athletic activities with Greater Shock Absorbtion	<input type="radio"/> UCBL CHILDREN • 3mm KIDS Covere with Special Plastic Ideal for kids with over pronation
<input type="radio"/> Super Soft Diabetic • 1mm Cushion+3mm Plastozote, EVA	<input type="radio"/> Super Flex • Soft plastic, 3mm EVA arch fill , 3mm Sport blue ETC Active runner, Arthritis, Basketball	<input type="radio"/> Saftey Medix ★NEW • 1mm Fore Foot and 3mm Cushion Sport Black ETC Suitable for Saftey Shoes

4. TYPES OF UNDERLAY

Vinyl Microcell Suede
 Black Navy Green Red

5. Length

Full Length Sulcus 3/4 (to Mets)

6. TYPES OF TOP COVERS

<input type="checkbox"/> Sports <input type="radio"/> Black ETC <input type="radio"/> Navy ETC <input type="radio"/> Green <input type="radio"/> Red	<input type="checkbox"/> Microcell <input type="radio"/> Black <input type="radio"/> Navy <input type="radio"/> Green <input type="radio"/> Red
<input type="checkbox"/> X-Static <input type="radio"/> Blue	<input type="checkbox"/> Suede <input type="radio"/> Black <input type="radio"/> Brown <input type="radio"/> Tan
<input type="checkbox"/> Leather <input type="radio"/> Black <input type="radio"/> Tan	

7. TYPES OF SHELL

Rigid Semi Flex Soft EVA Soft Trilaminate

8. SHOES

Style #: _____ Color #: _____ Size #: _____
 Style #: _____ Color #: _____ Size #: _____
 Sandal #: _____ Color #: _____ Size #: _____

9. ADDITIONAL MODIFICATIONS

<input type="checkbox"/> Heel Spur Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Heel Cushion: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Met Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Met Bar Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center Pocket: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Deep Heel Cup: _____ mm <input type="checkbox"/> Rear Foot Posting: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Heel Raise: <input type="checkbox"/> Left _____ mm <input type="checkbox"/> Right _____ mm <input type="checkbox"/> Reinforced Arch: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> 1st Ray Cut Out: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Morton's Extension: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Reverse Morton Extension: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> High Medial Flange: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right (On Top Cover) <input type="checkbox"/> Extrinsic Fore Foot Posting Medial Left _____ mm Right _____ mm <input type="checkbox"/> Extrinsic Fore Foot Posting Lateral Left _____ mm Right _____ mm <input type="checkbox"/> Include in toeing <input type="checkbox"/> Include out toeing <input type="checkbox"/> Navicular Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Navicular Depression: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Toe Crest: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Kinetic Wedge: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Scaphoid Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cuboid Depression: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cuboid Pad: <input type="checkbox"/> Both <input type="checkbox"/> Left <input type="checkbox"/> Right
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10. ADDITIONAL REQUESTS

11.

Total combo shoes and orthotics # _____
 Total shoes only # _____
 Total orthotics only # _____
 Repeat Order form the cast on file # _____

Please Send Insole Trace For Best Fit Orthotics