

PATIENT: _____

DATE: _____

Rx — Custom-molded Orthotics Bilateral

Custom Molded Orthotics, casted STJ neutral BILATERAL

Forefoot Posting

☐

Rearfoot Posting:

☐ 4 degrees inverted

☐ 0 degrees

Polypropylene Shell Thickness:

☐ 1/8"

☐ 3/16"

Modifications

☐ 1st Ray Cutout in shell

☐ Metatarsal Pad proximal to 2, 3, 4, 5 MTH

☐ Korex Heel Lift — 1/8 inch , 1/4 inch ,

☐

Diagnosis

☐ Overpronation 736.79

☐ Ankle Equinus 736.72

☐ Pes Cavus 736.73

☐ Plantar Fasciitis 728.71

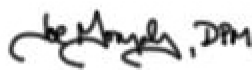
☐ Posterior Tibial Tendonitis 726.72

☐ Metatarsalgia/Capsulitis 726.70

☐ Hallux Rigidus 735.2

☐ Neuroma 355.4

Need = 2 years



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