

## Orthotic Prescription Form EVA

Prescribing Podiatrist: .....  
 Best Contact Phone: .....

Patient Name:.....  
 DOB: ..... / ..... / .....

**Blank:**

Shoe Size:..... US / UK / EU      Shoe Style:.....

Dual Density (Rearfoot/Forefoot):    Medium / Very Soft    Medium / Soft       Hard / Medium

Single Density:    Very Soft (120)       Soft (190)       Medium (250)          Hard (350)

**Prescriptions:**

Orthotic thickness:      Left:.....mm      Right:.....mm

Heel Raise:      Left:.....mm      Right:.....mm

Rear foot posting:      Left:.....Degrees      Varus / Valgus      Right:.....Degrees      Varus / Valgus

Forefoot posting:      Left:.....Degrees      Varus / Valgus      Right:.....Degrees      Varus / Valgus

Full length ramp:      Left:.....Degrees      Varus / Valgus      Right:.....Degrees      Varus / Valgus

Arch contact:       Total Contact      or       Reduce arch

    Lateral:       -5%       -10%       -15%

    Medial:       -5%       -10%       -15%

Length:       Full Length       ¾       Sulcus

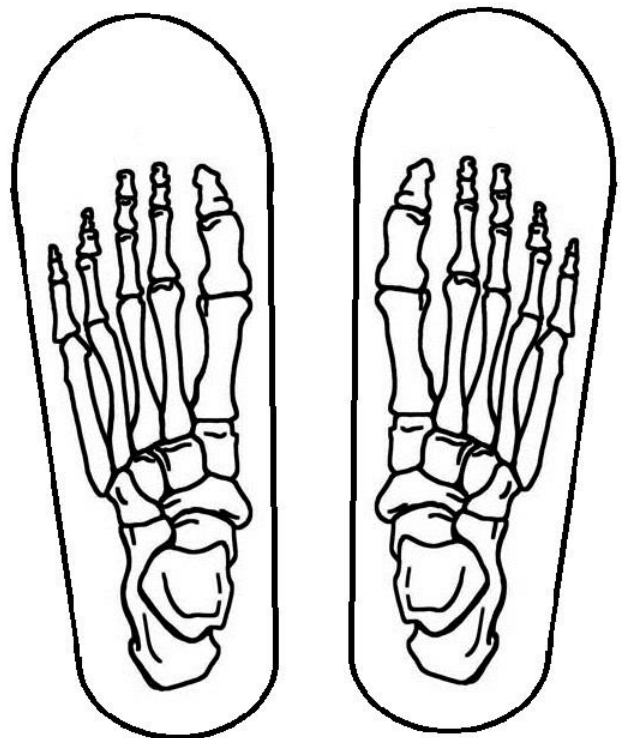
Forefoot:       2-5 Bar      .....mm      Varus / Valgus / Flat

**Deflections/Additions:** Drawn on Cast    See Below  

(Please indicate depth of cut-outs and thickness of padding or raises and material choices)

**Notes:**

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**Top cover:**

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**Expected Date of Pickup:** .....