BESPOKE

Prescription Order Form

Details

B.O.S

BIRMINGHAM ORTHOTIC SERVICES

0121 647 3565

Practitioner:

Telephone:

Patient reference:

Symptoms: (Note: For prescription checking process)

Date Required: (Note: Please specify urgent dates)

Invoice address:

Delivery address:

B.O.S Order Number:

Account Number:

Classification of Footwear

Mens ☐ Ladies ☐ Child's ☐

Shoe size: ..... ☐ Narrow ☐ Wide ☐ Standard ☐ Sports

Material Choice

Polypropylene

- ☐ Flexible
- ☐ Semi-Flex
- ☐ Rigid

Heel Posing Type

- ☐ Intrinsic
- ☐ Extrinsic
- ☐ EVA

EVA
Density:

- ☐ Low A25
- ☐ A35
- ☐ Medium A50
- ☐ High A60

Dual EVA

- ☐ Low/Medium
- ☐ High/Medium

Carbon

- ☐ Flexible
- ☐ Semi-Flex
- ☐ Rigid

Heel Posing Type

- ☐ Intrinsic
- ☐ EVA

PU

- ☐ Low
- ☐ Medium

Shell Length

- ☐ 3/4
- ☐ Sulcus (EVA PU Only)
- ☐ Full (EVA PU Only)

Overall Length

- ☐ 3/4
- ☐ Sulcus
- ☐ Full Length

Overall Thickness

Heel _____ mm

Forefoot _____ mm

Forefoot/Rearfoot Control

Forefoot control: (Note: All cast are balanced to heel vertical. All forefoot postings are measured from this position)

LEFT ..... °

- ☐ Medial ☐ Lateral
- ☐ Intrinsic ☐ Extrinsic

RIGHT ..... °

- ☐ Medial ☐ Lateral
- ☐ Intrinsic ☐ Extrinsic

Rearfoot control:

Heel Cupping: ☐ 10mm ☐ 18mm ☐ 26mm

LEFT

Posting: ..... ° Med or Lat

- ☐ Heel Skives ..... mm Med or Lat
- ☐ Heel Raise ..... mm

RIGHT

Posting: ..... ° Med or Lat

- ☐ Heel Skives ..... mm Med or Lat
- ☐ Heel Raise ..... mm

LEFT

- ☐ 1st Met Cut Out
- ☐ 1st Ray Cut Out

RIGHT

- ☐ 1st Met Cut Out
- ☐ 1st Ray Cut Out

Prescription Specifics

Additions:

Forefoot extension: ☐ _____ mm

Mid layer: ☐ _____ mm

Top cover: ☐ _____ mm

Special Fitting

Instructions: Reduced

Bulk options:

☐ Extra low heel cup ☐ Mini heel post (Polyproyelene Only)

Increased control:

☐ Medial flange ☐ Lateral flange ☐ Shank dependent

Cast corrections

Arch Reduction:

☐ 3mm ☐ 6mm ☐ 9mm ☐ Other .....

Additional Instructions and Pad Placement

Foam Box Replacement:

- ☐ Shallow (£2)
- ☐ Deep (£3)

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