# Orthotic Prescription Form

reed
bespoke footwear

Name: Date:

Hospital/ Clinic: Require Date:

NHS Order Ref: Clinician:

Make to REEDS Footwear: ☐ Other Footwear: ☐ Size:

Size: Width:

Template Supplied: ☐
Please Draw On Reverse

Footwear Order Number:

Full Contact: ☐
Unrectified IMP Box/Cast
Sulcus flattening Only

Standard: ☐
10% Arch Reduction
3/4 Flattening

Pair: ☐ Left only: ☐ Right only: ☐

**Base Materials:**

**EVA:** LD A30 ☐ MD A40 ☐ MD A50 ☐ HD A60 ☐

PU ☐ Carbon ☐ Polypropylene ☐ Dual ☐

**Length:**

3/4 ☐ Sulcus ☐ Full ☐

**Base Thickness:**

3mm ☐ 6mm ☐ Other: mm

**Flexibility/Arch Fill:**

Flexible ☐ Semi Flex ☐ Rigid ☐

**Posting:** Intrinsic ☐ Extrinsic ☐

**Rearfoot:** Degrees:

**Left -** Medial ☐ Lateral ☐

**Right -** Medial ☐ Lateral ☐

**Forefoot:** Degrees:

**Left -** Medial ☐ Lateral ☐

**Right -** Medial ☐ Lateral ☐

**Heel Raise:** Short ☐ Long ☐

Left: mm

Right: mm

**Kirby Skive:**

Degrees:

**Left -** Medial ☐ Lateral ☐

**Right -** Medial ☐ Lateral ☐

**Offloading:**

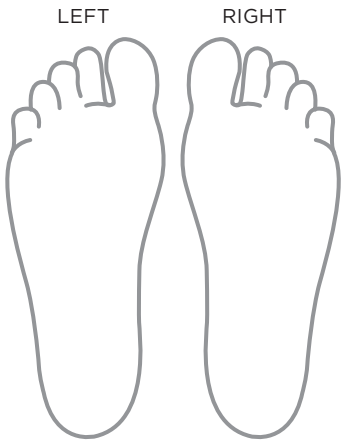
Cut Out ☐
Through base

Sink ☐
Top

Fill:
Specify Material

Unfilled: ☐

Please draw on images or mark on impression box




**Coverings:**

Middle:
Specify Material:

Thickness: 1mm ☐ 3mm ☐ 6mm ☐

Other: N/A ☐

Top:
Specify Material:

Thickness: 1mm ☐ 3mm ☐ 6mm ☐

Other: N/A ☐

**Additional Information:**