

# PRI ORTHOTICS ORDER FORM

(please print clearly and tape inside box)

DATE: \_\_\_\_\_

## PATIENT NAME:

\_\_\_\_\_

Male  Female Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SHOE SIZE / WIDTH: \_\_\_\_\_ TYPE: \_\_\_\_\_

SPORTS: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

## MATERIAL:

Regular Black  
(normal)

Stiff Black  
(more support)

Leather dress **\*\$25 extra**  
(3 weeks)

## LENGTH:

Normal  $\frac{3}{4}$  length  
(Preferred)

Full-length **\*\$25 extra charge**  
(**Must** send tracing of shoe liner;  
may only fit those shoes)

## OTHER:

Low profile for dress shoes, *black material*

Soft - 2<sup>nd</sup> layer of poron added (not as supportive)

Have we made this patient orthotics before?    No    Yes

When? \_\_\_\_\_

\_\_\_\_\_

Therapist / Dr.: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

\_\_\_\_\_

Clinic Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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