



An OHF Company

# PRESCRIPTION ORDER FORM

160 Markland Street | Markham ON | L6C0C6 | Canada  
Tel: 1.800.551.3008 | Toll Free Fax: 1.877.551.3001  
2nd Pair Email: cs@tog.com | www.tog.com

For Office Use Only
Order #
Date:

FOR REPAIRS: Please use the Repair Work Order Form found at tog.com on your customer supply page.

### PRACTITIONER / CLINIC INFORMATION

Practitioner/Clinic Name: \_\_\_\_\_  
 TOG Account #: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_  
 Date of Birth: (M/D/Y) \_\_\_\_\_  
 Sex: M F Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_ Shoe Type: \_\_\_\_\_  
 Main Activities: \_\_\_\_\_  
 Fabricate 2nd pair from cast on file (casts valid for 2 years)

### ORDER INFORMATION

Rush (\$25 additional charge)  Insoles Enclosed  
 Total # of pairs: \_\_\_\_\_  Insole Tracing Enclosed  
 Shoes Enclosed  
 Footwear Ordered on TOG.com?  
 No  Yes Ref #: \_\_\_\_\_

### ADDITIONS/MODIFICATIONS

<input type="checkbox"/> Full Heel Cushion (Bilateral)	<input type="checkbox"/> Neuroma Pad L____Interspace R____Interspace	<input type="checkbox"/> Metatarsal Pad <input type="checkbox"/> Low Profile <input type="checkbox"/> Distal Placement	<input type="checkbox"/> Forefoot Pad to Sulcus L____R____	<input type="checkbox"/> Sub-Metatarsal Accommodation L____Met R____Met
<input type="checkbox"/> Heel Spur Pad L____R____	<input type="checkbox"/> Morton's Extension L____R____	<input type="checkbox"/> Reinforced Arch* (greater than 280lbs)	<input type="checkbox"/> Rearfoot Extrinsic Post* L____° R____°	<input type="checkbox"/> Medial Skive* L____mm R____mm
<input type="checkbox"/> Hole in Heel* L____R____ <input type="checkbox"/> With foam disk	<input type="checkbox"/> Reverse Morton's Extension L____R____	<input type="checkbox"/> Extrinsic Forefoot Post (3/4 length) L____° R____°	<input type="checkbox"/> Heel Lift* L____mm R____mm (10mm maximum)	<input type="checkbox"/> Lateral Skive L____mm R____mm
<input type="checkbox"/> Deep Heel Cups L____R____	<input type="checkbox"/> 1st Metatarsal Cut-Out L____R____	<input type="checkbox"/> Extrinsic Forefoot Post (Sulcus length) L____° R____°	<input type="checkbox"/> Vinyl Sandwich (Bilateral)	<input type="checkbox"/> Medial Flange* L____R____ <input type="checkbox"/> Hard <input type="checkbox"/> Soft
				<input type="checkbox"/> Lateral Flange L____R____

\* not available on Dynaflange™

### ORTHOTICS (not for footwear orders)

<b>Casual</b>	2mm	3mm	3.5mm		3/4	sulcus	full length
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SuperFlex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1mm only	CushionFlex	N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KidsFlex*	<input type="checkbox"/>	N/A	<input type="checkbox"/>
				*Children less than 60lbs or younger than 6 years old.			
<b>Dress</b>	2mm	3mm	3.5mm		3/4	sulcus	full length
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DressFlex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FashionFlex	N/A	N/A	<input type="checkbox"/>
<b>Sport</b>	2mm	3mm	3.5mm		3/4	sulcus	full length
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SportFlex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RunFlex	N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CourtFlex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SoccerFlex	N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SafetyFlex	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance</b>	2mm	3mm	3.5mm		3/4	sulcus	full length
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dress*	N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sport*	N/A	<input type="checkbox"/>	<input type="checkbox"/>

\*\$15 USD / \$20 CAN Additional Charge

### SPECIALTY ORTHOTICS

**UCBL** 3/4 length only - 1mm black naughahyde topcover  1mm  2mm  
 Special Features: High medial and lateral flanges, and deep heel cups

**DiabeticFlex** Full weight bearing cast only  3/4  sulcus  full length

**LeatherFlex™**  Sulcus  Full Length  
 Modifications Available  Heel Spur Pad  Heel Lift L\_\_\_\_mm R\_\_\_\_mm

**Gait Plate:** 3/4 length only - 1mm black naughahyde topcover  
 2mm  3mm  3.5mm  Induce Toe In  Induce Toe Out

### SPECIAL TOPCOVER REQUESTS

Extra foam padding under topcover:  1/8"  1/16"  
 Suede Leather topcover on Orthotic: (\$10 additional charge)  
 Other Topcover (Please Specify): \_\_\_\_\_

### ADDITIONAL ORDER NOTES

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**EXAMINATION FINDINGS**

Arch Height (non-weight bearing)			Arch Height (weight bearing)		
	Left	Right		Left	Right
High	<input type="checkbox"/>	<input type="checkbox"/>	High	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>	Low	<input type="checkbox"/>	<input type="checkbox"/>

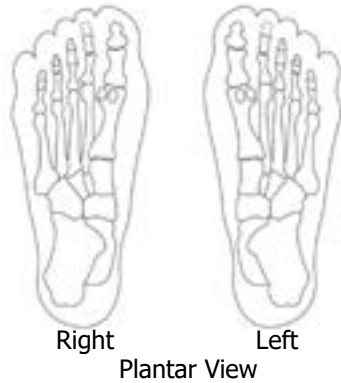
Gait		Supination		Pronation	
		Left	Right	Left	Right
Toe in <input type="checkbox"/>	Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight <input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe out <input type="checkbox"/>	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPTIONAL FINDINGS**

Ankle Dorsi-Flexion		General Foot Motion		<input type="checkbox"/> Forefoot Varus		<input type="checkbox"/> Forefoot Valgus	
	Left	Right		Left	Right		Left
Adequate	<input type="checkbox"/>	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	<input type="checkbox"/>	Mild	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
			Hyper-mobile	<input type="checkbox"/>	<input type="checkbox"/>	Severe	<input type="checkbox"/>

**CHIEF COMPLAINTS / SPECIAL INSTRUCTIONS**

**ADDITIONAL NOTES**



Name of Insurance Company: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_