Hersco Orthotic Labs

39-28 Crescent Street, Long Island City, NY 11101 • Tel: 718.391.0416 • Fax: 718.391.0406
www.hersco.com

1

Account Name _____ Phone (____)____-____
Address _____ Date ____-____-____
City_____ State _____ Zip _____
Practitioner Name _____

Patient Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M ❑ / F ❑
Patient Weight ☐☐☐ lbs Age _____ No. of pairs _____ Left _____ Right _____

2 Shoe Type Pump ❑ Dress ❑ Slip-On ❑ Laced ❑ Sneaker ❑ Boot ❑ Other _____

Diagnosis _____

Principal Use_____

FEEL FREE TO USE EITHER SIDE FOR Rx

ORTHOTIC TYPE

❑ **SPORT**	Deep heel cup, extrinsic post, full sport cover
❑ **MARATHON**	Deep heel cup, extrinsic post, reinforced L.A., full sport cover
❑ **DRESS**	Deep heel cup, intrinsic post, dress top cover to sulcus
❑ **PUMP SLENDER**	Low profile, intrinsic post, dress top cover to sulcus
3 ❑ **COMFORT**	❑ **EVA** or ❑ **Thermocork** Accommodative foot mold with ❑ Microcell or ❑ Plastazote top cover
❑ **PLASTAZOTE**	Accommodative diabetic foot mold, all plastazote
❑ **COMPUTER**	❑ **Sport** or ❑ **Dress** CAD/CAM Orthotics
❑ **LEATHER**	❑ **Dress Flexible** or ❑ **Firm Traditional**
❑ **OTHER**	_____ _____

4 SHELL SPECIFICATION

❑ **Flexible** ❑ **Firm** ❑ **Rigid**

5 TOP COVER TO

❑ **Mets** ❑ **Sulcus** ❑ **Toes**

6 ACCOMMODATIONS

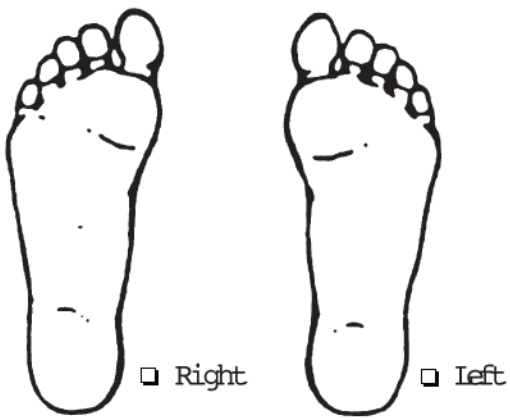
	L	R
❑ Metatarsal Raise	_____	_____
❑ Heel Spur	_____	_____
❑ Heel Elevation	_____	_____
❑ Cut outs (mark on cast or foam)	_____	_____

❑ Extrinsic Posting

	L	R
❑ Hindfoot	_____°Varus	_____°Varus
	_____°Valgus	_____°Valgus
❑ Forefoot	_____°Varus	_____°Varus
	_____°Valgus	_____°Valgus

❑ Intrinsic Posting _____
_____

7 SPECIAL INSTRUCTIONS/NOTES



❑ Right ❑ Left

IF YOU HAVE ANY QUESTIONS – GIVE US A CALL!