



Custom-Made Foot Orthotic Submission CHECKLIST



Patient Name: _____

Patient DOB: _____

Included with Custom-Made Foot Orthotic submission:

- Itemized paid receipt (including date)
- Biomechanical assessment/gait assessment
- Referral/prescription
- Lab invoice or packing slip or *A copy of orthotic lab order if the dispenser is also the manufacturer

1) ASSESSMENT AND DISPENSING

1. Date of Assessment: _____
2. Date of Dispensing/Fitting: _____

2) DESIGN & MANUFACTURING

Foot Capture Technique (casting/scanning technique(s) used to create a negative cast):

<input type="checkbox"/> Direct Mold Using Raw Materials	<input type="checkbox"/> Foam Box Impression	<input type="checkbox"/> Plaster Slipper Cast	<input type="checkbox"/> Polyester or Fiberglass Resin Casting Sock
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<input type="checkbox"/> Wax Mold	<input type="checkbox"/> Other (please describe): _____
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3) PRACTITIONER QUALIFICATION

Professional Qualifications: _____

College Registration Number: _____

Date: _____

Canadian Certified Pedorthist Name: _____

Signature: _____