



# 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: \_\_\_\_\_