



New York OMC STI Overlap Prescription Order Form

1118 Longwood Avenue 2nd FL. Bronx, NY 10474
Phone: (718) 618-7292 • Fax: (718) 618-0733

www.NewYorkOMC.com Email: Info@NewYorkOMC.com AFO Scans: Scan@NewYorkOMC.com

Date: \_\_\_/\_\_\_/\_\_\_

Bill To:

Account Name:

Address:

City: State: Zip

Phone: Fax:

Casting Contact:

Email Address:

Ship To:

Ship To Same as Bill Address: [ ]

Ship To Address:

City: State: Zip:

Phone: ( ) Fax: ( )

P.O. #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ [ ] Male [ ] Female Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Activity Level: [ ] Non Ambulatory [ ] Low/ Transfer [ ] Medium [ ] High / Active

Diagnosis: [ ] Posterior Tibial Tendon Dysfunction (PTTD) [ ] Degenerative Joint Disease [ ] Severe Pronation
[ ] Trauma [ ] Other: \_\_\_\_\_

Primary reason for the Device: \_\_\_\_\_

Clinical Observation:

Ankle: [ ] Normal/Flexible [ ] Limited [ ] Fixed / Fused Forefoot: [ ] Normal / Flexible [ ] Limited [ ] Fixed/ Fused

Footwear: [ ] Comfort [ ] Athletic [ ] Extra Depth [ ] Custom Molded [ ] Shoe Enclosed

[ ] Left [ ] Right [ ] Bilateral

Top Cover: [ ] Ebony [ ] EVA Swirl [ ] Spenco [ ] Plastazote/PPT
Top Cover Length: [ ] Met [ ] Sulcus [ ] Full
Pivot: [ ] Free Motion [ ] Dorsi Assist

Rearfoot Post:

[ ] Varus [ ] Valgus [ ] Degrees \_\_\_\_\_ [ ] Use Lab Discretion

Forefoot Post:

[ ] Varus [ ] Valgus [ ] Degrees \_\_\_\_\_ [ ] Use Lab Discretion

Cast Modifications: [ ] Use Lab Discretion

Ankle: [ ] Correct to Neutral [ ] Leave as Casted

Forefoot: [ ] Correct to Neutral [ ] Leave as Casted

[ ] Please Call For Consult

(Items Highlighted in Bold are Standard)



# SPECIAL INSTRUCTIONS




## New York Orthopedic Manufacturing Corp.

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