

Orthopedic Prescription Form

Crary Shoes
14325 NE Airport Way, Ste 115
Portland, OR 97230
t.503.253.8984 f. 503.253.2094

Patient's Name: _____

Injury/DX:

RX:

- L3230 Custom Made Shoes
- L3030 Custom Made Workboots

Orthotic Inserts:

- L3030 Custom Molded Orthotic

Modifications:

L3400- Rocker Bottom Soles:

- Toe Only
- Heel to Toe
- Double Rocker
- Severe Rocker
- Extended Steel/Carbon Fiber Shank
- Full sole lift for LLD ___R ___L
- Medial Sole Wedge ___R ___L
- Lateral Sole Wedge ___R ___L

- 3/4 Length
- Past Metatarsal Head Length
- Full Length-total contact
- Heel Lift Inch
- Lateral Wedge Inch ___R ___L
- Medial Wedge Inch ___R ___L
- Instep Guards
- Steel Toes

Other modifications or special instructions:

Physicians Name: _____

Physician's Signature: _____

NPI# : _____ Date: _____

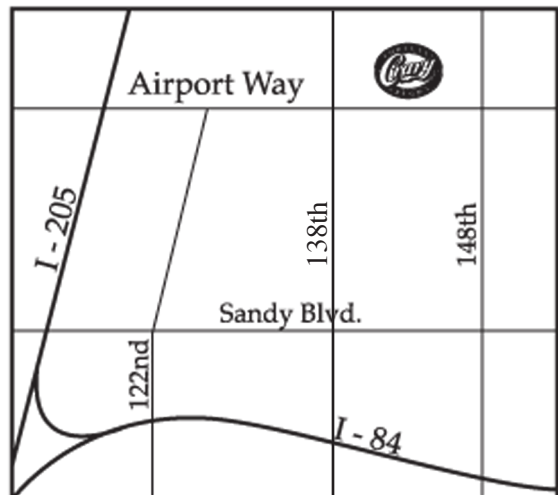
Where to get these services:

Crary Shoes

Custom Orthopedic Footwear
14325 NE Airport Way, Suite 115
Portland, OR 97230

Hours

M - TH 9:00am-5:00pm
F 9:00am - 4:00pm



Grey bldg, w/ green stripe on North side of street

Please call for an appointment
Tel 503.253.8984 Fax 503.253.2094