



ORTHOTICS & BRACING

National Orthopaedic &

Orthotic Lab Inc.

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Hamilton, ON L8G 1J3

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Lab to Call Doctor: Date: _____

Date Received in Lab: _____

STANDARD ORDER FORM

Patient Name: _____

M F DOB: ____ \ ____ \ ____

Shoe Size: ____ Weight: ____ Age: ____

Activity Level: 0 1 2 3 4 5

Shoe Type: _____

Occupation: _____

Symptoms/Diagnosis: _____

Printing Information:

Please fill in the information, or if you have an office label place it here

Doctor's Name: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

STANDARD ORTHOTIC DEVICES:

Functional:

- FM Functional
 FM Integrated
 FM Support

Athletic:

- Glider
 FM Sport
 FM Trainer

Dress:

- Dress Elite
 Dress High Heel

Accommodative:

- Motion Soft
 Comfort Soft

Diabetic:

- Diabetic Soft
 Diabetic Medium
 3 Pair Diabetic

Specialty:

- DynaFlange
 PT Controller

Children's:

- UCBL
 Whitman Roberts
 Gait Plates
 Induce In-toe
 Induce Out-toe

Refurbishment:

- Top Cover Complete

Outgrow Program:

- Check Box to Enroll Orthotic in Children's "Out-Grow" Program

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

SHELL MATERIAL

Performance RX (Std.)

- Semi-Flex
 Semi-Rigid
 Rigid

PRX Graphite

- Semi-Rigid
 Rigid
 Ultra-Rigid

Polypropylene

- 1/8"
 3/16"

Other

- Cork
 EVA

CAST & GRIND

Arch Height of Cast

- Low
 Medium
 High
 No Arch Fill (highest)

Flanges

- Medial
 Mild
 Lateral
 Hee Cup
 Full Distal

Heel Cup

- Shallow (10mm)
 Regular (12mm)
 Deep (16mm)
 Other _____

Orthotic Width

- Narrow
 Normal
 Wide/Athletic Cut

POSTING

Forefoot

- Intrinsic
 No Post
 Extrinsic
L ____ Varus/Valgus
R ____ Varus/Valgus

Rearfoot

- No Post
 Modified Intrinsic
 Extrinsic
L ____ Varus/Valgus
R ____ Varus/Valgus

Pronation Skive ____ °

- Heel Lift ____ mm
 Left
 Right
 Kirby Skive ____ mm

2° Lateral Wedge

- Left Right

COVERING

Top Cover Material

- EVA
 Vinyl
 Leather
 Neoprene
 Diabetic
 MicroSilver
 Perforated Ucolite

Top Cover Length

- Shell Only
 Sulcus
 Full Length

Poron Padding Length

- Forefoot Only
 Entire Device

Poron Thickness

- 1/8"
 1/16"

ACCOMMODATIONS

Met Pad

- Left Right
 3/16" (Standard)
 1/8"
 1/16"

Met Bar

- Left Right

Arch Pad

- Left Right
 Cuneiform

1st Ray Cut Out

- Left Right
 Cuneiform

Morton's Extension

- Left Right
 Reverse

- Length

- Meta Head
 Extend to Toe

- Material

- Korex Poron
 Rigid/Shell

Metatarsal

- Left: 1 2 3 4 5
Right: 1 2 3 4 5

Arch Reinforcement

- Korex Poron
 EVA Crepe

Amputee Sponge Fill

- Left Right

Heel Spur Accomm.

- Left Right

Dancer's Pad

- Left Right

Other Accommodations

- Heel Cushion
 Hole in Heel
 Horseshoe Pad

Additional Comments:

Dr. Signature: _____

Order Quantity: _____ Pair

Additional Items: QTY: _____

Shipping Boxes: _____

Foam Impression Boxes: _____

Material Ring: _____

RUSHES

Shipping

- Next Day Air \$65.00

Manufacturing

- 1 Day Rush \$60.00
 3 Day Rush \$35.00

