

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: _____ Phone: _____ State: _____ Zip: _____

_____ Fax: _____

STANDARD ORTHOTIC DEVICES:

Functional:

- FM Functional
- FM Integrated
- FM Support

Athletic:

- Glider FM
- Sport FM
- Trainer

Dress:

- Elite Dress
- High Heel

Accommodative:

- Motion Soft
- Comfort Soft

Diabetic:

- Diabetic Soft

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

SHELL MATERIAL

Performance RX (Std.)

- Semi-Flex
- Semi-Rigid
- Rigid

Polypropylene

- 1/8"
- 3/16"

Other

- Cork

CAST & GRIND

Arch Height of Cast

- Low
- Medium
- High
- Full

Flanges

- Medial Hard
- Medial Soft
- Lateral
 - Heel 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

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

Heel Lift _____ mm

- Left
- Right

Heel Hole

- Left Right

COVERING

Top Cover Material

- EVA
- Vinyl
- Neoprene
- Diabetic
- ETC
- Perforated Ucolite

Top Cover Length

- Shell Only
- Sulcus
- Full Length

Poron Padding Length

- Forefoot Only
- Entire Device

Poron Padding Thickness

- 1/8"
- 1/16"

ACCOMMODATIONS

Met Pad

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

Met Bar

- Left Right

Arch Pad

- Left Right

1st Met Cut Out

- Left Right

Morton's Extension

- Left Right
- Reverse

- Length

- Meta Head
- Extend to Toe

- Material

- Poron
- Rigid/Shell

Metatarsal

- | | | |
|----------------------------|----------------------------|---|
| Left: | Right: | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> U Shape |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> Circle Cut Out |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | |

Arch Reinforcement

- Soft Hard

Heel Spur Accom.

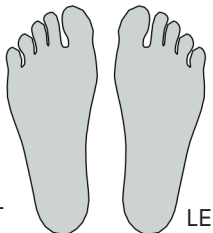
- Left Right

Dancer's Pad

- Left Right

Heel Cushion

- Left Right



RIGHT LEFT

Additional Comments:

Dr. Signature: _____

Order Quantity: _____ Pair

RUSHES

Additional Items: _____ QTY: _____

Shipping Boxes: _____

Foam Impression Boxes _____

Material Ring: _____

Shipping

- Next Day Air \$65.00

Manufacturing

- 1 Day Rush \$60.00

- 3 Day Rush \$35.00