noolab
ORTHOTICS & BRACING

National Orthopaedic
& Orthotic Lab Inc.

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Stoney Creek, Ontario
L8E0H7

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Lab to Call Doctor: ☐ Date: _____
Date Received in Lab: _____

STANDARD ORDER FORM

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: _____

Patient Name: _____

☐ M ☐ F DOB: \ \

Shoe Size: ___ Weight: ___ Age:
Activity Level: 0 1 2 3 4 5
Shoe Type: _____
Occupation: _____
Symptoms/Diagnosis: _____

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:
☐ 1	☐ 1
☐ 2	☐ 2
☐ 3	☐ 3
☐ 4	☐ 4
☐ 5	☐ 5

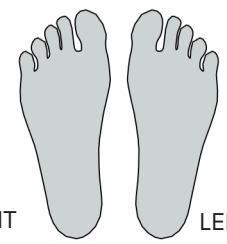
☐ U Shape
☐ Circle Cut Out

Arch Reinforcement
☐ Soft ☐ Hard

Heel Spur Accomm.
☐ Left ☐ Right

Dancer's Pad
☐ Left ☐ Right

Heel Cushion
☐ Left ☐ Right



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