noolab
ORTHOTICS & BRACING

National Orthopaedic
& Orthotic Lab Inc.

1290 Arvin Ave - Unit 17
Stoney Creek, Ontario
L8E0H7

Tel: 289-649-0400

accounts@noolab.ca

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: _____

Clinic Name & Address: _____

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

Athletic:
- ☐ Glider FM
- ☐ Sport FM

Dress:
- ☐ Elite Dress
- ☐ High Heel

Accommodative:
- ☐ Motion 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
- ☐ 3mm
- ☐ 2mm

Other
- ☐ Cork
- ☐ EVA

CAST & GRIND

Arch Height of Cast
- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Full

Flanges
- ☐ Medial Hard
- ☐ Medial Soft
- ☐ Lateral
  - Lateral Type
  - ☐ 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
- ☐ 3mm
- ☐ 2mm

ACCOMMODATIONS

Met Pad
- ☐ Left ☐ Right
- ☐ Standard Placement
- ☐ Distal _____mm

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

Accommodation Cut Outs

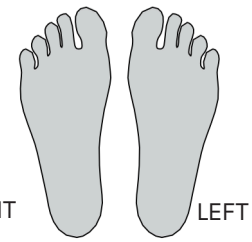
Left:	Right:	
☐ 1	☐ 1	☐ U Shape
☐ 2	☐ 2	
☐ 3	☐ 3	
☐ 4	☐ 4	☐ Circle Cut Out
☐ 5	☐ 5	

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