

DATE

MM / DD / YYYY

* REQUIRED FIELD

* ACCOUNT NAME/No. _____ * PATIENT NAME FIRST _____ LAST _____

* CLINICIAN NAME FIRST _____ LAST _____ D.O.B. MM/DD/YYYY _____ * WEIGHT _____ LB KG

PHONE _____ FAX _____ FOOTWEAR TYPE _____

* SHOE SIZE _____

US-M UK
 US-W EU

SPECIALIZED DEVICES

D Diabetic **RA** Rheumatoid Arthritic

1 * CHOOSE DEVICE

ACCOMMODATIVE DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **RA** **FLEXIBLE MOLD**
1.5mm Puff, 1.5mm Poron, Rubberflex & Thermocork, Poron Fill, 1.5mm Nyplex
- D** **STANDARD TRIDENSITY**
3.0mm P-Cell, 3.0mm Poron, Rubberflex & 50 durometer Fisher Foam, 1.5mm Cushion cork
- RA** **STANDARD TRIDENSITY**
3.0mm Bamboolon, Rubberflex & 50 durometer Fisher Foam, 1.5mm Nyplex
- D** **CHARCOT TRIDENSITY**
3.0mm P-Cell, 3.0mm Poron, Rubberflex & Thermocork, 35 durometer Cloud EVA, 1.5mm Cushion cork

HYBRID DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-FLEXIBLE MOLD**
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion Cork
- RA** **SEMI-FLEXIBLE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D** **RA** **SEMI-FLEXIBLE LOW PROFILE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

FUNCTIONAL DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-RIGID MOLD**
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion cork
- RA** **SEMI-RIGID MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D** **RA** **SEMI-RIGID LOW PROFILE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

2 OPTIONAL SPECIFICATIONS

ULTRA PROTECTIVE TOP COVER

PREMIUM CUSHIONING FOR HIGH RISK FEET

- Astro Form 3.0mm + Aero Sorb 3.0mm
- Astro Form 2.0mm + Aero Sorb 2.0mm

FOREFOOT EXTENSIONS

MATERIAL

- Poron 1.5 mm 3.0 mm
- Nyplex 1.5 mm 3.0 mm
- Cushion cork 1.5 mm 3.0 mm
- Puff 1.5 mm 3.0 mm

LENGTH

- Sulcus Toes

LESION ACCOMMODATION (within optional extension)

L 1 2 3 4 5

R 1 2 3 4 5



SUBSEQUENT PAIR ORDER

FROM WO# _____

- DUPLICATE device (no change)
- CHANGED device (select device and options)

NUMBER OF PAIRS _____

3 DAY RUSH (\$20.00)

3 POSTING, MODIFICATIONS & ADDITIONS

POSTING

- Post to calcaneal vertical Neutral (as they sit)

REARFOOT Post Type intrinsic extrinsic EVA
 dual density EVA
L _____ ° VR VLG R _____ ° VR VLG

FOREFOOT Post Type intrinsic extrinsic L R tip L R sulcus
L R corner L R toes
L _____ ° VR VLG R _____ ° VR VLG

Skive L _____ mm skive R _____ mm skive
Inversion L _____ ° inverted R _____ ° inverted
Motion L _____ ° of motion R _____ ° of motion

CAST DRESSING

- Minimum Moderate Maximum _____

SHELL MODIFICATIONS

- L R Heel Cup Depth 14mm 16mm 18mm 20mm 22mm
- L R 1st Met Cut Out with extrinsic tip (support) post
- L R 1st Ray Cut Out
- L R Fascial Accommodation
- L R Medial Flange
- L R Lateral Flange
- L R Navicular/Cuneiform Sweet Spot w/ medial flange - AS MARKED
- L R Heel Spur Accommodation
- L R Heel Hole with poron plug
- L R Rigid 1st Extension sulcus toes
- L R Orthotic Width wide narrow

ADDITIONS

- L R Heel Lift EVA poron loose _____ mm
- L R Heel Pad 1.5mm 3.0mm
- L R Horseshoe Spur
- L R Metatarsal Pad
- L R Metatarsal Bar
- L R Metatarsal Raise
- L R Neuroma Pad
- L R Morton's Extension
- L R Reverse Morton's Extension cushion cork poron EVA
- L R Functional Hallux Limitus Accommodation
- Lesion Accommodation L 1 2 3 4 5 R 1 2 3 4 5
- L R Amputation Accommodation partial full

4 SPECIAL INSTRUCTIONS



