DATE MM / DD / YYYY

* REQUIRED FIELD

***ACCOUNT NAME/No.** _____

***CLINICIAN NAME** FIRST _____ LAST _____

PHONE _____ **FAX** _____

***PATIENT NAME** FIRST _____ LAST _____

D.O.B. MM / DD / YYYY

FOOTWEAR TYPE _____

***WEIGHT** _____ ☐ LB ☐ KG

***SHOE SIZE** _____
☐ US-M   ☐ UK
☐ US-W   ☐ EU

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① *CHOOSE A DEVICE

FUNCTIONAL DEVICES
- ☐ STANDARD
- ☐ DIRECT MILLED (polypropylene only)

DRESS DEVICES
- ☐ STANDARD SLIMLINE
- ☐ COBRA (polypro only)
- ☐ LOW HEEL CUP
- ☐ CASUAL
- ☐ FLAT HEEL CUP
- _____ CM HEELED SHOES

SPORT DEVICES
- ■ STANDARD
  - ☐ Neoprene to toes   ☐ Vinyl to mets
- ☐ LOW PROFILE
- ■ DIRECT MILLED (polypropylene only)
  - ☐ Neoprene to toes   ☐ Vinyl to mets
- ☐ IMPACT
- ■ SKI ☐ Alpine ☐ Nordic ☐ Snowboard
- ■ SKATE ☐ Hockey ☐ Figure

MOLDS
- ☐ STANDARD
- ☐ LOW PROFILE

SPECIALIZED DEVICES
ⓓ Diabetic   ⓇⒶ Rheumatoid Arthritic

- ☐ ⓇⒶ FLEXIBLE MOLD
  1.5mm Puff, 1.5mm Poron, Rubberflex & Thermocork, Poron Fill, 1.5mm Nyplex
- ☐ ⓓ STANDARD TRIDENSITY
  3.0mm P-Cell, 3.0mm Poron, Rubberflex & 50 durometer Fisher Foam, 1.5mm Cushion Cork
- ☐ ADULT ACQUIRED FLATFOOT
  (inclusive of Posterior Tibial Tendon Dysfunction)
- ☐ EVA
- ☐ UCBL
- ☐ ROBERTS WHITMAN
- ■ GAIT PLATE
  - ☐ Induce out-toeing   ☐ Induce in-toeing

SUBSEQUENT PAIR ORDER
FROM WO#_____
- ☐ DUPLICATE device (no change)
- ☐ CHANGED device (select device and options)

NUMBER OF PAIRS _____
- ☐ **3 DAY RUSH ($20.00)**

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② OPTIONAL SPECIFICATIONS

RIGIDITY
- ☐ Rigid
- ☐ Semi-Rigid
- ☐ Semi-Flexible

SHELL MATERIALS
- ☐ Polypropylene
- ☐ Performance Rx
- ☐ XT Sprint
- ☐ TL2100
- ☐ Copolymer

FILL MATERIALS
- ☐ Poron
- ☐ EVA
- ☐ Thermocork

FOREFOOT EXTENSIONS
MATERIAL
- ■ Poron   ☐ 1.5mm ☐ 3.0mm
- ■ Nyplex   ☐ 1.5mm ☐ 3.0mm
- ■ Cushion cork ☐ 1.5mm ☐ 3.0mm
- ■ Puff   ☐ 1.5mm ☐ 3.0mm

LENGTH
- ☐ Sulcus   ☐ Toes

TOP COVER SELECTIONS
MATERIAL
- ☐ Vinyl
- ☐ Neoprene 3.0mm
- ☐ Micro-suede
- ☐ Leather
- ■ Puff   ☐ 1.5mm ☐ 3.0mm
- ■ P-Cell   ☐ 1.5mm ☐ 3.0mm
- ☐ _____

COMBINE MATERIAL SELECTED ABOVE WITH:
- ■ Poron   ☐ 1.5mm ☐ 3.0mm

LENGTH
- ☐ Mets   ☐ Sulcus   ☐ Toes

BOTTOM COVER SELECTIONS
MATERIAL
- ☐ Agoflex
- ☐ Vinyl
- ☐ Puff 1.5mm
- ☐ Nyplex 1.5mm
- ☐ Micro-suede

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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	Modification	Options
L ☐	R ☐	Heel Cup Depth	☐ 12mm ☐ 14mm ☐ 16mm ☐ 18mm ☐ 20mm
L ☐	R ☐	1st Met Cut Out	☐ with extrinsic tip (support) post
L ☐	R ☐	1st Ray Cut Out	
L ☐	R ☐	Fascial Accommodation	(not available in Direct Milled)
L ☐	R ☐	Medial Flange	
L ☐	R ☐	Lateral Flange	
L ☐	R ☐	Navicular/Cuneiform Sweet Spot *w/ medial flange* - AS MARKED	
L ☐	R ☐	Heel Spur Accommodation	(not available in Direct Milled)
L ☐	R ☐	Heel Hole	☐ with poron plug
L ☐	R ☐	Rigid 1st Extension	☐ sulcus ☐ toes
L ☐	R ☐	Orthotic Width	☐ wide ☐ narrow

ADDITIONS

L	R	Addition	Options
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

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④ SPECIAL INSTRUCTIONS
_____
_____
_____

R   L

E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save completed form, you will need a current version of **ADOBE READER**.
Go to the Adobe website to download the newest version or click on the link:
 http://get.adobe.com/reader

NAVIGATING

Use the tab button to navigate from the top left hand corner sequentially through all the fields.

OR use the mouse to select any specific field.

SAVING

Use the **SAVE AS** button top right hand corner of the first page.

OR file > **SAVE AS** from the menu bar.

NOTE: Save the form under a different name to preserve patient information.

CLEAR FORM

Click the **RESET FORM** button below to clear all filled in fields.

PRINTING INITIAL PAIR ORDERS

Use the **PRINT** button at the top right hand corner of the first page.

Other options include (a) the printer icon in the quick tool bar or (b) file > **PRINT** from the menu bar.

NOTE: When submitting an order form which includes casts, always print a hard copy of the form to send in with the patient's casts.

EMAILING SUBSEQUENT PAIR ORDERS

To expedite subsequent pair orders, simply complete the order form and select the red **SUBMIT** icon.

Use the ADOBE ACROBAT app when submitting an order on a tablet.

NOTE: Email is ideal for subsequent orders ONLY.

Orders which include casts must be accompanied by a hard copy work order form.

The SUBMIT button requires that all mandatory fields have been filled in.

ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
MM / DD / YY	
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