

* REQUIRED FIELD

DATE

MM/DD/YYYY

* ACCOUNT NAME/No. _____

* PATIENT NAME

FIRST _____

LAST _____

* SHOE SIZE _____

* CLINICIAN NAME

FIRST _____

LAST _____

D.O.B.

MM/DD/YYYY _____

* WEIGHT _____

LB KG

US-M UK

US-W EU

PHONE _____

FAX _____

FOOTWEAR TYPE _____

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

RA 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)

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

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 _____° VR VLG R _____° VR VLG

L R corner L R toes

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 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 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



ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
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