

* 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

PHONE _____ FAX _____

FOOTWEAR TYPE _____

US-W EU

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)

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 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 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



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	
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