

Account Name\*

Practitioner Name\*

Address:

Phone\*

City:  State:

Email

Zip:  Date:

Ship To (if different)

Patient Name\*

Weight\*  lbs Age   Male  Female

Diagnosis and Principal Use\*

Shoe Type\*  Sneaker  Extra-Depth  Work Boot  Laced  Dress  
 Slip-On  Other \_\_\_\_\_

Shoe Size\*  P.O.#:

No. of pairs\*  Or Left Only:  / Right Only:

### ORTHOTIC TYPE

#### FUNCTIONAL

- Sport (Full post)
- Sprint (Tripod post)
- Marathon (Full post w/arch fill)
- Walker Flex (Soft post and fill)
- Walker Firm (Firm post and fill)
- Dress (Intrinsic post)

#### ACCOMMODATIVE

- Sport Casual EVA (Softer)
- Sport Casual Cork (Firmer)
- Diabetic Comfort EVA (Softer)
- Diabetic Comfort Cork (Firmer)
- Firm Casual EVA

#### Tri-LAM + Base Material

- Plastazote + EVA (Softer)
- Plastazote + Cork (Firmer)
- Camo EVA + EVA (Softer)
- Camo EVA + Cork (Firmer)

UCBL 30mm heel cup

#### Other Devices

- Gait Plate (choose variant)
  - Lateral Ext. (pt. In-toes)
  - Medial Ext. (pt. Out-toes)
- Nylite Dress
- Glide
- Pump Slender
- Leather Lam

### SHELL SPECS

#### WIDTH

- Narrow
- Standard
- Wide
- Follow contour of foot
- Follow outline provided

#### FUNCTIONALS

- Flexible
- Semi-Rigid
- Rigid

#### HEEL CUP

- Std 15mm (Functional)
- Std 20mm (Accommodative)
- Extra deep 21mm
- UCBL 30mm

Drop navicular in Shell  Left  Right

### EXTRINSIC POSTING

	L		R	
Rearfoot	<input type="checkbox"/> Medial <input type="text"/>	Deg.	<input type="checkbox"/> Medial <input type="text"/>	Deg.
	<input type="checkbox"/> Lateral <input type="text"/>	Deg.	<input type="checkbox"/> Lateral <input type="text"/>	Deg.
Forefoot	<input type="checkbox"/> Medial <input type="text"/>	Deg.	<input type="checkbox"/> Medial <input type="text"/>	Deg.
	<input type="checkbox"/> Lateral <input type="text"/>	Deg.	<input type="checkbox"/> Lateral <input type="text"/>	Deg.

### ACCOMMODATIONS

	Left	Right
Met Pad	<input type="checkbox"/>	<input type="checkbox"/>
Sesamoid Pad (Dancer's Pad)	<input type="checkbox"/>	<input type="checkbox"/>
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>
Scaphoid Pad	<input type="checkbox"/>	<input type="checkbox"/>

	Left	Right
Heel Elevation	<input type="text"/> mm	<input type="text"/> mm

Extra PPT Mid-layer (Full Length)

	Left	Right
Drops/Reliefs (Please mark)	<input type="checkbox"/>	<input type="checkbox"/>
1st Ray Cut-out (Functionals only)	<input type="checkbox"/>	<input type="checkbox"/>

### TOE FILLER (MARK ON DIAGRAM)

	Left	Right
Trans-Met	<input type="checkbox"/>	<input type="checkbox"/>
Digits Only	① ② ③ ④ ⑤	① ② ③ ④ ⑤

### TOP COVER FLANGE

<b>LEFT</b>	<input type="checkbox"/> Medial	<b>RIGHT</b>	<input type="checkbox"/> Medial
	<input type="checkbox"/> Lateral		<input type="checkbox"/> Lateral

### MORTON'S EXTENSIONS

	Left	Right
Flexible (Cork layer)	<input type="checkbox"/>	<input type="checkbox"/>
Reverse	<input type="checkbox"/>	<input type="checkbox"/>
Rigid	<input type="checkbox"/>	<input type="checkbox"/>

### TOP COVER

<b>LENGTH TO</b>	<b>TOP COVER MATERIAL</b>
<input type="checkbox"/> Mets (3/4 Length)	<input type="checkbox"/> Swirl EVA <input type="checkbox"/> Spenco
<input type="checkbox"/> Sulcus (Behind Toes)	<input type="checkbox"/> Plastazote <input type="checkbox"/> Vinyl
<input type="checkbox"/> Toes	<input type="checkbox"/> Other _____

### SPECIAL INSTRUCTIONS / NOTES

