hersco™
ORTHO LABS

39-28 Crescent Street, Long Island City, NY 11101
tel: 800.301.8275
fax: 718.391.0406
web: hersco.com

1st in Customer Satisfaction and Orthopedic Excellence

1

Account Name ______________________ Phone (_____)_____ - __________
Address ______________________ Date _____ - _____ - _____
City ______________________ State _____ Zip __________
Practitioner Name ______________________ e-mail __________

2

Patient Name [ ] M ❑ / F ❑
Patient Weight [ ] lbs Diagnosis ______________________
Principal Reason for the Shoe ______________________
Is Patient currently ❍ Ambulatory OR ❍ Non-Ambulatory?

PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET

3

SHOE STYLE

- ❑ LOW TOP
- ❑ HIGH TOP
- ❑ CHUKKA
- ❑ OTHER __________

We recommend Chukka or High Top for those patients with; midfoot collapse, charcot deformity, severe edema, transmet amputations, severe pes plano valgus, and any type of brace.

4

UPPER SPECIFICATIONS

OPENING ❍ Regular OR ❍ Surgical
CLOSURE ❍ Lace OR ❍ Velcro

- ❑ PADDED COLLARS
- ❑ PADDED TONGUES
- ❑ PLASTAZOTE LINING
- ❑ OTHER __________

5

COLOR

- ❑ BLACK
- ❑ DARK BROWN
- ❑ OTHER __________

6

CAST MODIFICATION

- ❑ EXTRA HIGH TOE BOX
- ❑ SNUG HEEL FIT
- ❑ EXTRA TOE ELONGATION
- ❑ DEPRESS AS MARKED ON CAST/DIAGRAM
- ❑ DUPLICATE AND RETURN CAST
- ❑ OTHER __________

7

SHOE WEIGHT

- ❑ LIGHT
- ❑ REGULAR
- ❑ HEAVY DUTY

8

INSOLE

- ❑ 1/4" PINK AND WHITE PLASTAZOTE
- ❑ CORK INSOLE (for AFO)
- ❑ TOE FILLER _____ Left _____ Right
- ❑ 1 EXTRA pair CUSTOM INSOLES
- ❑ 2 EXTRA pairs CUSTOM INSOLES
- ❑ OTHER __________

9

LIFTS

❑ INTERNAL OR ❑ EXTERNAL

	LEFT	RIGHT
HEEL	_____ in.	_____ in.
BALL	_____ in.	_____ in.
TOE	_____ in.	_____ in.

10

OUTSOLE

- ❑ REGULAR
- ❑ ROCKER
- ❑ MID-SOLE FOR CALIPER ___ Left ___ Right
- ❑ LEAVE SOLE OFF FOR ADJUSTMENT
- ❑ SOLE STIFFENER _____ Left _____ Right
- ❑ FLARES ❍ Medial OR ❍ Lateral
  _____ Left _____ Right
- ❑ WEDGES ❍ Medial OR ❍ Lateral
  _____ Left _____ Right
- ❑ OTHER __________

IF YOU HAVE ANY QUESTIONS - GIVE US A CALL!

OVER

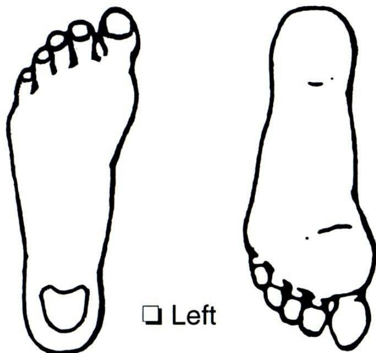
herSCO™
ORTHO LABS

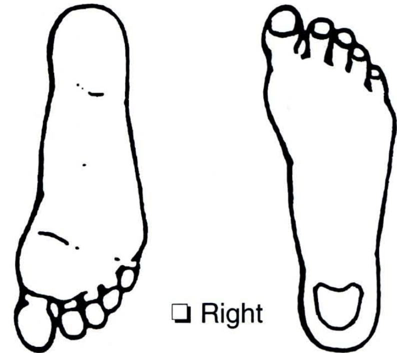
web: hersco.com tel: 800.301.8275

FOOT TYPE

ARE THE PATIENT'S FEET;	❍ RIGID **OR** ❍ FLEXIBLE?
WHEN WEIGHT BEARING ARE TOES;	❍ UP **OR** ❍ DOWN?
11 WHEN NON-WEIGHT BEARING ARE TOES;	❍ UP **OR** ❍ DOWN?
BRING LOWER LEG TO 90° BY;	❍ CORRECTING CAST TO NEUTRAL
OR	❍ BUILDING EXTERNAL LIFT UNDER HEEL
OR	❍ LEAVE AS IS / DO NOT CORRECT
ARE PATIENT'S FEET SUBJECT TO EDEMA;	❍ YES **OR** ❍ NO?

12 SPECIAL INSTRUCTIONS/NOTES





PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET