

FOR LAB USE ONLY

INCLUDED WITH ORDER

neg casts _____ devices: L _____ R _____

pos casts _____ drawing/template _____

shoes _____ other _____

serial# _____ box# _____

received date: _____

ACCOUNT INFORMATION

account#: _____

account name: _____

practitioner: _____

address: _____

phone: _____

call me ship overnight (added charge) use casts on file

RUSH (added charge) 1 day 2 day 3 day 4 day

return casts (added charge) other _____

PATIENT INFORMATION

name: _____

sex: M F age/d.o.b.: _____

weight: _____ shoe size: _____

occupation/activity: _____

shoe heel height: _____ athletic casual

interior volume: high sport-specific boot

low fashion (narrow)

other: _____

PRESCRIPTION ORTHOTIC SELECTION

select one:

RIGID

SEMI-RIGID

SEMI-FLEXIBLE

FLEXIBLE

SPORT DEVICES

- General Sport** - Polypro shell with crepe posting and vinyl top cover to mets
- Flexible Sport** - Trekflex™ shell with crepe posting, perforated EVA top cover and Ultrasuede® bottom cover to toes
- Pro Sport** - Sport-specific designs for the high level or professional athlete
 - Runner's Mould**
 - Soccer /Rugby**
 - Basketball**
 - Golf**
 - Aerobic**
 - Marathoner**
 - Ski /Skate**
 - Other** _____
 - Tennis /Racquetball**

ACCOMMODATIVE DEVICES

- Leather Mould** - 1/16 Polyurethane foam top cover to toes:
Arch fill: Polyurethane foam EVA Thermocork
Shell to: mets sulcus toes
Celastic reinforcement*: heel heel/arch
*Celastic reinforcement required with polyurethane foam arch filler
- Polypro Mould** - Thin polypro shell. Your choice of filler:
 Polyurethane foam EVA (standard) Thermocork
with 1/16 polyurethane foam heel to toes and vinyl top cover
- Diabetic Mould** - 3/16 Polyurethane foam/Plastazote® top cover standard to toes
Shell to: mets sulcus toes
 - Type I:** Low-density EVA Shell (standard to toes)
 - Type II:** Medium-density EVA Shell (standard to sulcus)
 - Type III:** Rigid Black Crepe shell (standard to mets)

Practitioner Name: _____

Signature (required): _____ Date: _____

BIOMECHANICAL DEVICES

- Unitized Biomechanical** - Subortholene shell with one-piece construction of RF posting and shell. No top cover
- Poly Biomechanical (casual fit)** - Polypro shell with Thermocork RF posting, 1/16 Polyurethane foam heel to toes and vinyl top cover
- Heel Pain Device** - Polypro shell with extra-deep heel seat, crepe RF posting, 1/16 Polyurethane foam heel to mets, visco-filled heel punch and vinyl top cover
- UCBL** - Subortholene shell to mets with Thermocork RF posting and no top cover
- Summer Comfort Device (must send sandals)** - Polypro shell with crepe RF posting, 1/8 Polyurethane foam extension to toes, 1/8 Plastazote® heel to toes and suede top cover
- XT Composite Biomechanical** - Thin XT composite shell with crepe RF posting and vinyl top cover to mets
- PTTD Device** - Inverted cast correction, Subortholene shell with medial flange, in-shell scaphoid pad, Thermocork extrinsic RF post and perforated EVA top cover to toes

FASHION DEVICES

- 1/16 Polyurethane foam extension to sulcus with vinyl top cover standard
(heel height must be specified above)
- Unitized Fashion** - Polypro shell with intrinsic RF posting and heel punch
 - Cobra Fashion** - Fits up to a 2 1/2" heel, intrinsic RF, EVA arch fill, 1/16" Polyurethane foam ext. to toes
 - XT Composite Fashion** - 2mm XT Composite shell with intrinsic RF posting and heel punch
 - Flexible Multi-Height Fashion** - (1 1/4" heel +) 1.5mm XT Composite shell - Flexibility allows devices to fit a variety of heel heights. Intrinsic RF post, heel punch (shoe required)
 - Poly Fashion** - Polypro shell with intrinsic RF
Arch fill: EVA (standard) Thermocork
 - High-Heel Fashion** - (2" to 5" heel) 2mm XT Composite shell with no heel seat (shoe required)
 - Mini Fashion** - Polypro shell with intrinsic RF posting and no top covers or extensions

SUPPLIES

Send:

SM BOXES

LG BOXES

RX FORMS

BUSINESS REPLY LABELS

FedEx AIR BILLS

OTHER _____

PATIENT FINDINGS

IF MARKED, WE WILL ACCOMMODATE

HISTORY, OBSERVATIONS & COMPLAINTS

Location of Pain: Heel Plantar Fascia Lower Back Knee - Medial Lateral

Digits L R Met Heads L R Inter-digital space L R
 1 2 3 4 5 1 2 3 4 5 1 2 3 4

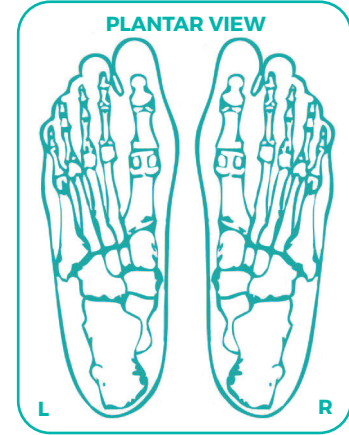
other: See Drawing _____

Pain Intensity: Mild Moderate Severe Callus Location: L _____ R _____

Limb Length Discrepancy: Shortage on L _____ R _____

Injuries & Treatments: _____

Previous Orthotic Devices: Yes No **Success:** High Average Poor



Accommodate as shown above

MEASUREMENTS

	LEFT	RIGHT
Subtalar Inversion	_____	_____
Subtalar Eversion	_____	_____
Subtalar Neutral	_____	_____
Rested Calcaneal Stance	_____	_____
Forefoot - varus/valgus	_____	_____
Tibial Varum	_____	_____
Ankle Dorsiflexion	_____	_____
First Ray Position: <input type="radio"/> Plantarflexed <input type="radio"/> Normal <input type="radio"/> Dorsiflexed		

RANGE OF MOTION

	LEFT	WEIGHT BEARING	RIGHT
Arch Height Appearance			
High Arch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medium Arch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Arch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallux Dorsiflexion			
Rigid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Semi-rigid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Call Me Use lab evaluation

CUSTOM DEVICE DESIGN

POSTINGS

Forefoot -

post to calcaneal perpendicular (Intrinsic is standard) L R

post to calcaneal inversion _____° L R

Intrinsic: varus/valgus _____ LEFT _____ RIGHT

Extrinsic: varus/valgus _____ LEFT _____ RIGHT

1-5 Bar post 2-5 Bar post

Tip post (not >3°) Post to sulcus

Rearfoot -

Extrinsic or Intrinsic Medial or Lateral

Left _____ Right _____ Left _____ Right _____

Heel lift L _____ R _____ Length-Heel to: Mets Sulcus

TOP COVERINGS

Extensions - distal end of shell to: Sulcus Toes

1/16 1/8 3/16

Polyurethane foam Plastazote® Other _____

Top Padding - heel to: Mets Sulcus Toes

1/16 1/8 3/16

Polyurethane foam/Plastazote® Polyurethane foam Plastazote®

slow recovery urethane foam (1/8) Other/Color _____

Top & Special Coverings to: Mets Sulcus Toes

Perforated EVA Antimicrobial Neolon

Antimicrobial Bamboolon Glove Leather

Ultrasuede® Top Cover Plastazote® Only

Ultrasuede® Bottom Cover Other/Color _____

SHELL MODIFICATIONS

	L	R		L	R
Deep Heel Seat	<input type="radio"/>	<input type="radio"/>	In-Shell Scaphoid	<input type="radio"/>	<input type="radio"/>
1st Ray Cutout	<input type="radio"/>	<input type="radio"/>	Narrow Device	<input type="radio"/>	<input type="radio"/>
5th Ray Cutout	<input type="radio"/>	<input type="radio"/>	Widen Device	<input type="radio"/>	<input type="radio"/>
Medial Flange	<input type="radio"/>	<input type="radio"/>	Reduce Bulk	<input type="radio"/>	<input type="radio"/>
Lateral Flange	<input type="radio"/>	<input type="radio"/>	Fascial Groove	<input type="radio"/>	<input type="radio"/>
Medial Heel Skive	<input type="radio"/>	<input type="radio"/>	Gait Extension	<input type="radio"/>	<input type="radio"/>
Lateral Clip	<input type="radio"/>	<input type="radio"/>	To promote:		
Heel Punch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> in <input type="radio"/> out-toeing		

Special Instructions: _____

	Kinetic	L	R		L	R
	Accelerator	<input type="radio"/>	<input type="radio"/>		Neuroma plug	<input type="radio"/>
	Reverse Morton's	<input type="radio"/>	<input type="radio"/>	specify inter-digital space _____		
	Heel spur pad	<input type="radio"/>	<input type="radio"/>		Cuboid pad	<input type="radio"/>
	Heel cushion	<input type="radio"/>	<input type="radio"/>		Dancer's pad	<input type="radio"/>
	2-4 Met pad	<input type="radio"/>	<input type="radio"/>		Scaphoid pad	<input type="radio"/>
	Met bar pad	<input type="radio"/>	<input type="radio"/>		Morton's ext.	<input type="radio"/>
	Toe crest pad	<input type="radio"/>	<input type="radio"/>		Polyurethane foam arch reinforcement	<input type="radio"/>
	Navicular flap	<input type="radio"/>	<input type="radio"/>		Amputee buttress pad (shoe required)	<input type="radio"/>
	Neuroma pad	<input type="radio"/>	<input type="radio"/>	Describe: _____		

specify inter-digital space _____
