

Office Name: _____ Doctor: _____
 Address: _____ Phone: _____ Date: _____
 City: _____ State: _____ Zip: _____ Email: _____

Patient: _____ D.O.B. _____ Weight: _____ Shoe Size: _____ Male Female

Rush Processing: 1 Day Fabrication \$50 3 Day Fabrication \$25 2 Day Rush Shipping \$20

| Orthotic Type: | Shell Material: | Top Cover Material: | Top Cover Length: | Á |
|----------------|---------------------|--|-------------------|---------|
| | Poly Pro | Fabrifit (High Rebound) | 3/4 | 1 Pair |
| | Cork - 50 Durometer | Neoprene (Spenco) | Shell Only | 2 Pairs |
| | EVA - 40 Durometer | Vinyl (Color: black) | Sulcus | 3 Pairs |
| | | Leather (Color: black) | Full Length | |
| | | Perforated EVA (Color: black - Medium Rebound) | | |

| Cast & Grind: | Arch Height: | Flanges: | Heel Cup: | Orthotic Width: | UCBL | Gait Plates |
|---------------|--------------|----------|-----------|-----------------|------|-------------|
| | Low | Medial | Low | Narrow | L | In Toe |
| | Medium | Lateral | Medium | Normal | R | Out Toe |
| | High | | High | Wide | B | |

| Posting: | Fore Foot: | Varus | Valgus | Rear Foot: | Varus | Valgus |
|----------|------------|-----------|--------|------------|-------|--------|
| | Standard | Extrinsic | L | Standard | L | L |
| | Intrinsic | No Post | R | Intrinsic | R | R |

| Accommodations: | Met Pad: | Heel Spur Accommodation: | 1st Ray Cut Out: | Morton's Extension: |
|-----------------|---------------|--------------------------|--|---------------------|
| | L R B | L R B | L R B | L R B |
| | Met Pad Size: | Pronation (Varus): | Supination (Valgus): | Reverse Morton's: |
| | Small | Severe | Severe | L R B |
| | Large | Mild | Mild | |
| | Met Bar: | Dancer's Pad: | Heel Lift (Max lift 1/2 inch): | |
| | L R | L R | _____ Left Lift Measurement _____ Right Lift Measurement | |

Additional Instructions & Notes:

