

LAB USE ONLY	L	R
	1st Ray	
	5th Ray	
	Heel	

PATIENT: Last _____
 First _____ Gender: _____
 Age: _____ Weight: _____ Shoe Size: _____ Shoe Type: _____
 Activity for Orthotics _____ Diagnosis _____

Practice Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: (_____) _____
 Fax: (_____) _____ E-mail: _____

RUSH ORDER (Specify Date: _____) Additional Charges May be Applicable

BIOMECHANICAL EVALUATION

- Pronated L/R Supinated L/R Arch Height Low Medium High
 Subtalar Range of Motion Loose L/R Normal L/R Restricted L/R Relaxed Calcaneal Stance Pos. Inverted L/R Vertical L/R Everted L/R
 First Ray Motion Flexible L/R Normal L/R Rigid L/R Gait Pattern In-Toe Straight Out-Toe

SPORT ORTHOTICS (Polypropylene, Semi-Rigid)

- Cover to: Mets Toes
 ActiveXpress I Intrinsic Posting, Polypropylene Shell
 ActiveXpress II Ext. Rearfoot Post, Polypropylene Shell
 ActiveXpress III Ext. Rearfoot Post, Polypropylene Shell, Soft EVA Arch Fill (Over 250lb. — Firm Crepe Fill)

RIGID ORTHOTICS (Graphite)

- Controller I Intrinsic Post, Graphite Shell
 Controller II Extrinsic Rearfoot Post, Graphite Shell

DRESS ORTHOTICS (narrow & hourglass shape)

- Optional Heel Drill out
 DressXpress I Intrinsic Posting, Polypropylene Shell, To Sulcus
 DressXpress II Graphite Shell, To Sulcus Intrinsic Post Extrinsic Post
 DressXpress III Extrinsic Rearfoot Post, Polypropylene Shell (5/32"), To Mets

SEMI-FLEXIBLE ORTHOTICS (Subortholene, Semi-Flexible)

- Cover to: Mets Toes
 Flex Xpress I Intrinsic Posting, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Polyethylene (Subortholene) Shell,
 Flex Xpress II Extrinsic Rearfoot Post, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Polyethylene (Subortholene) Shell
 Flex Xpress III Extrinsic Rearfoot Post, 1/16" Padding on Entire Device, 1/16" Foam Bottom Cover, Soft EVA Arch Fill (Over 250lb.— Firm Crepe Fill), Polyethylene (Subortholene) Shell

ACCOMMODATIVE ORTHOTICS

- CushionXpress I High Density Black Plastizote Shell, 1/16" or 1/8" Padding on Entire Device, Leatherette Top Cover, To Toes
 CushionXpress II Thermocork Shell, 1/16" or 1/8" Padding on Entire Device, Leatherette Top Cover, To Sulcus
 CushionXpress III EVA Shell, 1/16" or 1/8" Padding on Entire Device, To Toes

EXPRESS CORRECT * (Engineered)

- Cover to: Mets Toes
 Xpress I Intrinsic Rearfoot Post, Top Cover
 Xpress II Extrinsic Rearfoot Post, Top Cover

TOP COVER

- 1/16" EVA 1/8" EVA

* Special additions or accommodations are subject to additional charges.

SPECIALTY ORTHOTICS

- UCBL
 Gait Plate
 In-Toe (Promotes in toeing)
 Out-Toe (Promotes out toeing)
 Heel Stabilizer
 Roberts/ Whitman
 Shaffer

OPTIONAL TOP COVER

- Meta Length Full Length

Materials

- Leatherette (UltraHyde, 1/16")
 Perforated EVA (3mm)
 Non- Perforated EVA (3mm)
 Plastizote (1/8")
 Poron and Plastizote*
 Spenco type*

ADDITIONAL CUSHION

- Materials:** Poron EVA

- Ext. Only Shell Only
 Entire Device Extra FF

- Thickness: 1/16" 1/8" 1/4"

BOTTOM COVERS

- Leather bottom* EVA bottom*
 *(Extra Charge)

CUSTOM SANDAL

PLEASE CHOOSE MODEL FROM CATALOGUE

CUSTOM SANDALS REQUIRE 10MM HEEL CUP STD. W/ LEATHER TOP COVER UNLESS OTHERWISE SPECIFIED.

- Engineered
 Custom

Heel Cup Depth: _____ mm

Castwork (Arch Height):

- High Med. Low

Orthotic Width:

- Narrow Medium Wide

Orthotic Flexibility:

- More Rigid More Flexible

Skive:

- Medial ___ L ___ R
 Lateral ___ L ___ R

Invert Cast

- ___ mm L ___ mm R

ALL FUNCTIONALS CORRECTED PERPENDICULAR UNLESS OTHERWISE SPECIFIED

Extrinsic RF Posting

- Hard Soft None

L Varus R
 Rearfoot ___ / ___ Valgus ___ / ___

ALL ORTHOTICS RECEIVE INTRINSIC FOREFOOT POSTS TO NEUTRAL AND 4/4 HARD EXTRINSIC REARFOOT POSTS UNLESS OTHERWISE SPECIFIED.

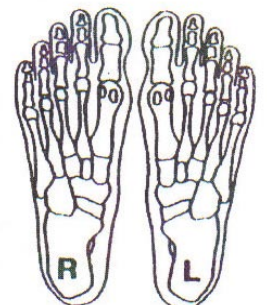
SPECIAL ADDITIONS

- L R
 Heel Lift _____
 (Specify Height - Inches)
 Met Bar _____
 Met Pad _____
 Dancers Pad _____
 Arch Pad _____
 Heel Spur Accomodation
 Donut _____
 Pad _____
 Horseshoe _____
 Toe Crest _____
 1st Ray Cutout _____
 Met Cutout
 1st _____
 5th _____
 Fascial Groove _____
 Morton's Ext. _____
 Rigid _____
 Medial Flange _____
 Lateral Flange _____
 Varus Ext. _____
 Valgus Ext. _____

Forefoot Accommodations

- | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Plantar View



SPECIAL INSTRUCTIONS

PRACTITIONER'S SIGNATURE (REQ'D)

- Please call for consult
 Return casts

SEND MORE:

- RX Forms
 Prepaid Address Labels