

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

PATIENT: Last _____
 First _____ Gender: _____
 Age: _____ Wt: _____ Ht: _____ 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 Dynamic 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

Polypropylene Flexibility Chart

	<100lbs	100-150lbs	150-200lbs	200-250lbs	> 250lbs
3/32"	Flexible	Very Flexible	Not Recc.	Not Recc.	Not Recc.
1/8"	Semi-Rigid	Semi-Flexible	Flexible	Very Flexible	Not Recc.
5/32"	Rigid	Semi-Rigid	Semi-Flexible	Flexible	Very Flexible.
3/16"	Very Rigid	Rigid	Semi-Rigid	Semi-Flexible	Flexible

Subortholene Flexibility Chart

2mm	>150lbs
3mm	151-225lbs

Graphite Flexibility Chart

2mm	121- 185lbs
3mm	186-250lbs

Heel Cup Depth: _____ mm
 <12mm (shallow) 14 mm (Std) >16mm (deep)

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 or ___ Evert Cast
 ___ mm L ___ mm R

ALL FUNCTIONALS CORRECTED
 PERPENDICULAR UNLESS OTHERWISE
 SPECIFIED

Extrinsic Posting
 Hard Soft None
 L Varus R

Forefoot ___ Valgus ___
 L R
 Rearfoot ___ inv / motion ___ inv / motion

SPORT ORTHOTICS (Polypropylene) 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)

SEMI-FLEXIBLE ORTHOTICS (Subortholene) Cover to: Mets Toes
 Flex Xpress I Intrinsic Posting, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Polyethylene (Subortholene) Shell,
 Flex Xpress II Extrinsic Rearfoot Post, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Polyethylene (Subortholene) Shell
 Flex Xpress III Extrinsic Rearfoot Post, 2mm Padding on Entire Device, 1.5mm Bottom Cover, Soft EVA Arch Fill (Over 250lb.— Firm Crepe Fill). Polyethylene (Subortholene) Shell

ACCOMMODATIVE ORTHOTICS
 CushionXpress I High Density/ Firm Plastizote Shell, 2mm Padding on Entire Device, Leatherette Top Cover, To Toes
 CushionXpress II Thermocork Shell, 2mm Padding on Entire Device, Leatherette Top Cover, To Toes
 CushionXpress III EVA Foam Shell, 2mm Padding on Entire Device, To Toes

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

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

SPECIAL ADDITIONS L R
 Heel Lift _____
 (Specify Height - mm)
 Met Bar _____
 Met Pad _____
 Dancers Pad _____
 Arch Pad _____
 Heel Spur Accommodation
 Donut _____
 Pad _____
 Horseshoe _____
 Toe Crest _____
 1st Ray Cutout _____
 Met Cutout (in-shell)
 1" _____
 5" _____
 Fascial Groove _____
 5th Ray Accom _____
 Morton's Ext. _____
 SRigid Rigid _____
 Medial Flange _____
 Lateral Flange _____
 Varus Ext. _____
 Valgus Ext. _____

OPTIONAL TOP COVER

- Meta Length Full Length

Materials

- Leatherette
 Perf EVA 3mm or 2mm
 Non-Perf EVA 3mm or 2mm
 Plastizote 3mm
 Poron and Plastizote
 Spenco Type 3mm or 2mm
 Ariaprene 2mm
 TL Casa

ADDITIONAL CUSHION

Materials: EVA Pulsion

- Ext. Only Shell Only
 Entire Device Extra FF

Thickness: 2mm 3mm 6mm

OPTIONAL BOTTOM COVERS

- Leather EVA Thin Rubber
 Thin Rubber (forefoot only)

CUSTOM SANDAL

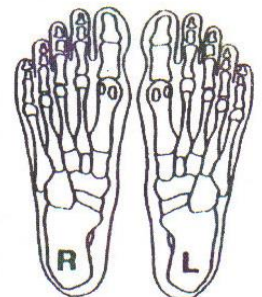
PLEASE CHOOSE MODEL FROM
 CATALOGUE

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

Forefoot Well Accommodations

1 2 3 4 5
 Left
 Right

Plantar View



SPECIAL INSTRUCTIONS

PRACTITIONER'S SIGNATURE (REQ'D)

Please call for consult
 Return casts

SEND MORE:

- RX Forms
 UPS Labels