

**Company/Clinician** 1 Required

Company: \_\_\_\_\_

PO Number: \_\_\_\_\_

Clinician: \_\_\_\_\_

Clinician email: \_\_\_\_\_

Date:

Contact me to review Rx  
Lab use only

**Patient/ Customer** 2 Required


First Name: \_\_\_\_\_


Last Name: \_\_\_\_\_


DOB: \_\_\_\_\_ Sex:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_




**Fit Orthosis to submitted:** Please circle one.

 Tracing

 Insole

 Shoe

**Foot Orthotics:** Please select your choice. 3 Required

 Diabetic	<input type="checkbox"/> FD350 Custom diabetic insoles 3 pair. Base layer EVA with dual laminated top cover (plastazote + poron) <input type="checkbox"/> FD352 Custom diabetic insoles 2 pair. Base layer EVA with dual laminated top cover (plastazote + poron) <input type="checkbox"/> FD351 Custom diabetic insoles 1 pair. Base layer EVA with dual laminated top cover (plastazote + poron) <input type="checkbox"/> FD360 Custom diabetic toe fill 1 Unit. Base layer EVA with dual laminated top cover (plastazote + poron) <input type="checkbox"/> FD380 Custom diabetic TMA fill 1 unit. Base layer EVA with dual laminated top cover (plastazote + poron) <input type="checkbox"/> FD351 1 Unit or 3 Units
 Active	<input type="checkbox"/> FD415 Nylon shell thin but durable. Ideal for dress or sport shoes. (Shell length is limited to the met. Heads) <input type="checkbox"/> FD420 Polypro is used for a wide variety of application. Please circle your desired thickness. 2mm, 3mm, 4mm or 5mm. Please indicate length of shell, circle one. (Met heads, Sulcus or Toes) <input type="checkbox"/> FD435 Graphite 2mm thick. Ideal for skates, dress cycling shoes. Please indicate length of shell, circle one. (Met heads, Sulcus or Toes) <input type="checkbox"/> FD440 Cork based shell for light weight foot orthotics. Please indicate length of shell, circle one. (Met heads, Sulcus or Toes) <input type="checkbox"/> FD450 EVA our most accommodative model. Please indicate length of shell, circle one. (Met heads, Sulcus or Toes) Durometer firm or soft
 Control	<input type="checkbox"/> FD415 UCBL with standard polypro shell. (Please choose 2mm or 3mm shell) <input type="checkbox"/> FD420 Gait Plate with standard polypro. Please circle one.... Induce toe out/ Induce toe in




**Please choose your heel cup depth.** Please circle one.

Shallow dress  Standard  Deep Heel

## Rear foot and forefoot posting 4 Required

<b>Choose material:</b>	<b>Rear foot:</b>	<b>Forefoot:</b>
<input type="checkbox"/> EVA	<input type="checkbox"/> Neutral R/L	<input type="checkbox"/> Medial R/L
<input type="checkbox"/> Cork	<input type="checkbox"/> Medial R/L	<input type="checkbox"/> Lateral R/L
<input type="checkbox"/> Poron	<input type="checkbox"/> Lateral R/L	

## Top Cover Selections 5 Required

<p><b>Top Cover length</b></p> <p>Please check one.</p> <p> <input type="checkbox"/></p> <p>Met. head</p> <p> <input type="checkbox"/></p> <p>Sulcus</p> <p> <input type="checkbox"/></p> <p>Full length</p>	<p><input type="checkbox"/> 3mm EVA Perforated (available in black only)</p> <p><input type="checkbox"/> 3mm EVA Non-Perforated (please circle desired color 1. black/grey swirl, 2. blue/white swirl, 3. blue, 4. black, 5. pink confetti)</p> <p><input type="checkbox"/> 3mm Neoprene/Spenco Black (if black is not available we will use blue)</p> <p><input type="checkbox"/> 3mm Neoprene/Spenco plus 1/16" PPT</p> <p><input type="checkbox"/> 3mm Neoprene/Spenco plus 1/8" PPT</p> <p><input type="checkbox"/> Black Vinyl plus 1/16" PPT</p> <p><input type="checkbox"/> Black Vinyl plus 1/8" PPT</p> <p><input type="checkbox"/> Black Vinyl only</p> <p><input type="checkbox"/> 3mm Plastazote with 2mm PPT</p> <p><input type="checkbox"/> 2mm EVA (available in light blue confetti only)</p>
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## Bottom Cover Selections 6 Required

<input type="checkbox"/> Black micro suede	<input type="checkbox"/> Black rubber bottom cover	<input type="checkbox"/> 2mm EVA (available in light blue confetti only)
<input type="checkbox"/> Tan micro sued	<input type="checkbox"/> Black Vinyl	

## Special Addition and Accommodations:

<input type="checkbox"/> Met Pads R/L	<input type="checkbox"/> 1st Ray Cut out R/L	<input type="checkbox"/> Med. Head depression # _____ R/L
<input type="checkbox"/> Horse Shoe Pad R/L	<input type="checkbox"/> Medial Flange R/L	<input type="checkbox"/> Dancers Pad R/L
<input type="checkbox"/> Met Bars R/L	<input type="checkbox"/> Arch Fill R/L	<input type="checkbox"/> Reverse Morton's Extension R/L
<input type="checkbox"/> Heel Plugs R/L	<input type="checkbox"/> Lateral Flange R/L	
<input type="checkbox"/> Morton's Extensions R/L	<input type="checkbox"/> Heel lift _____mm R/L	

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

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