

Patient Name _____

Order Date ____ / ____ / ____

PO # _____

Gender _____ Age _____ Weight _____ Shoe Size _____

Practitioner _____

Account Name _____

Ship to Address _____

Bill to Address _____

Orthotic Style

Fit Line

- Fashionista Fit
- Formal Fit
- Core Fit

Ultra Line

- Pediatric Ultra
- Stability Ultra
- Accommodative Plus

Athletica Line

- Athletica Runner
- Athletica Sport
- Athletica Flex Sport

Contour Line

- EVA Trilaminare
- EP Hybrid – Flexible
- EP Hybrid – Firm

Covers

Padded Top Covers

- 1/16" 1/8"
- O-Foam Neoprene EVA Z-Foam
- 1/8" Bilam 3/16" Bilam 1/4" EVA Bilam 5/16 EVA Trilam

To Met Heads To Sulcus To Toes

Padded Forefoot Extensions To Sulcus To Toes

- 1/16" 1/8"
- O-Foam Z-Foam

Non-Padded Top Covers

- Vinyl Vegan Leather Vegan Suede

Bottomcovers

- Vegan Suede

Shell Modifications

Heel Seat Depth

- | | |
|--|--|
| Left | Right |
| <input type="checkbox"/> Shallow (1/4") | <input type="checkbox"/> Shallow (1/4") |
| <input type="checkbox"/> Standard (3/8") | <input type="checkbox"/> Standard (3/8") |
| <input type="checkbox"/> Sport (1/2") | <input type="checkbox"/> Sport (1/2") |
| <input type="checkbox"/> Deep (5/8") | <input type="checkbox"/> Deep (5/8") |

Medial Flange

- | | |
|-------------|---|
| High | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| Low | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Lateral Flange

- Left Right B/L

First Ray Cutout

- Left Right B/L

Hole-in-Heel Seat

- Left Right B/L

Plantar Fascial Groove

- Left Right B/L

Gait Extension

- | | |
|-------------------|---|
| To induce in-toe | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| To induce out-toe | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Lower/Raise Longitudinal Arch

- Left _____ Right _____

Narrow/Widen Shell

- Left _____ Right _____

Pads and Accommodations

Met Pads

- | | |
|--------------------|---|
| Standard | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| Low Profile | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Met Bar

- | | |
|--------------------|---|
| Standard | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| Low Profile | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Balance Pad

- Left** 1 2 3 4 5 Hallux As marked
Depth 1/16" 1/8" 3/16"

- Right** 1 2 3 4 5 Hallux As marked
Depth 1/16" 1/8" 3/16"

Heel Cushion

- | | |
|-------|---|
| 1/16" | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| 1/8" | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Heel Spur Pad

- | | |
|-------|---|
| 1/16" | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| 1/8" | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Mortons Extension

- | | |
|----------------------|---|
| Semi-Flexible | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |
| Rigid | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L |

Neuroma Pad

- | | |
|---|---|
| Left | Right |
| <input type="checkbox"/> 1st Interspace | <input type="checkbox"/> 1st Interspace |
| <input type="checkbox"/> 2nd Interspace | <input type="checkbox"/> 2nd Interspace |
| <input type="checkbox"/> 3rd Interspace | <input type="checkbox"/> 3rd Interspace |
| <input type="checkbox"/> 4th Interspace | <input type="checkbox"/> 4th Interspace |

Dancers Pad

- | | |
|--------------|--|
| Left | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |
| Right | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |

Scaphoid Pad

- | | |
|--------------|--|
| Left | <input type="checkbox"/> Standard <input type="checkbox"/> Low Profile |
| Right | <input type="checkbox"/> Standard <input type="checkbox"/> Low Profile |

Cuboid Pad

- Left Right B/L

Navicular Pad

- Left Right B/L

Reverse Morton's Extension

- Left Right B/L

Posting

Rearfoot Posting

- | | |
|--------------|---|
| Left | <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ |
| Right | <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ |

Forefoot Posting

- | | |
|--------------|--|
| Left | <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ |
| | <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> 2-5 Post Bar w/ Ray Cutout |
| Right | <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ |
| | <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> 2-5 Post Bar w/ Ray Cutout |

Hallux Platform

- Left Right B/L

Dynamic Wedge

- Left Right B/L

Medial Heel Skive

- Left _____ Right _____

Lateral Heel Skive

- Left _____ Right _____

Heel Raise

- Left _____ Right _____