

Phone: 877-334-4442

Office Ship to Information



Office Name:		
Address:		
City:	State:	Zip:
Phone:		

Patient Information

Contact Name:

PO#	Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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Patient Name:	Date of Birth:
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Patient Weight:	Activity Level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
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Orthotic Information

Shell Thickness	Heel Cup Depth
<input type="checkbox"/> 3.25mm (Kids Lightweight)	<input type="checkbox"/> 10mm (Dress/Kids)
<input type="checkbox"/> 3.55mm (Lightweight)	<input type="checkbox"/> 14mm (Dress/Kids)
<input type="checkbox"/> 3.85mm (Performs like 1/8 th)	<input type="checkbox"/> 18mm (Summit Standard)
<input type="checkbox"/> 4.15mm (Between 1/8 th and 3/16 th)	<input type="checkbox"/> 20mm (Aggressive Control)
<input type="checkbox"/> 4.45mm (Performs like 3/16 th)	<input type="checkbox"/> UCBL (25mm)

Topsheet options

<input type="checkbox"/> Black Ice 1/8"	<input type="checkbox"/> Black Ice 1/16" + 1/16" PPT	<input type="checkbox"/> Carbon Fiber + 1/16" PPT
<input type="checkbox"/> Black Ice 1/16"	<input type="checkbox"/> Black Ice 1/16" + 1/8" PPT	<input type="checkbox"/> Carbon Fiber + 1/8" PPT
<input type="checkbox"/> Pink Camo 1/8"	<input type="checkbox"/> Black Ice 1/16" + 1/16" XRD	<input type="checkbox"/> Carbon Fiber + 1/16" XRD
<input type="checkbox"/> Pink Camo 1/16"	<input type="checkbox"/> Black Ice 1/16" + 1/8" XRD	<input type="checkbox"/> Carbon Fiber + 1/8" XRD
<input type="checkbox"/> Pink Camo 1/16" + 1/16" PPT	<input type="checkbox"/> P-Cell 1/8" + 1/16" PPT	<input type="checkbox"/> Fabric + 1/16" Neosponge
<input type="checkbox"/> Pink Camo 1/16" + 1/8" PPT	<input type="checkbox"/> P-Cell 1/8" + 1/8" PPT	<input type="checkbox"/> Fabric + 1/8" Neosponge

Topsheet finish options

<input type="checkbox"/> Shell Only	<input type="checkbox"/> Send loose in package	<input type="checkbox"/> 3/4 Length Topsheet Glued	<input type="checkbox"/> Full length with bottom cover Glued
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Posting

Left

Right

Forefoot Posting	<input type="checkbox"/> Lateral _____	<input type="checkbox"/> Medial _____	<input type="checkbox"/> Lateral _____	<input type="checkbox"/> Medial _____
Rearfoot Posting	<input type="checkbox"/> Lateral _____	<input type="checkbox"/> Medial _____	<input type="checkbox"/> Lateral _____	<input type="checkbox"/> Medial _____
Posting Style	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic

Intrinsic post is an approximant 1" flat spot on the bottom of the orthotic shell

Extrinsic post is a solid plastic heel posting (Looks like a traditional heel posting expect it is machined out of plastic)

Quantity of Orthotics

<input type="checkbox"/> 1 Pair	<input type="checkbox"/> 2 Pairs	Other: Left <input type="checkbox"/> _____ Right <input type="checkbox"/> _____
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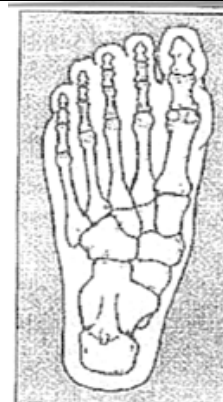
Metatarsal Pads

<input type="checkbox"/> Left	<input type="checkbox"/> Right
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Special Instructions

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Areas of Concern



Left



Right

Email orders to orders@summitlabsllc.com

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