



<b>Office Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		

<b>Patient Information</b>	<b>Contact Name:</b>
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<b>PO#</b>	<b>Date:</b>	<b>Gender:</b> <b>M</b> <b>F</b>
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<b>Patient Name:</b>	<b>Date of Birth:</b>
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<b>Patient Weight:</b>	<b>Activity Level:</b> <b>Low</b> <b>Moderate</b> <b>High</b>
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**Orthotic Information**

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

<input type="checkbox"/> Black Ice 1/8" <input type="checkbox"/> Black Ice 1/16" <input type="checkbox"/> Pink Camo 1/8" <input type="checkbox"/> Pink Camo 1/16"	<input type="checkbox"/> Black Ice 1/16" + PPT 1/16" <input type="checkbox"/> Black Ice 1/8" + PPT 1/16" <input type="checkbox"/> Pink Camo 1/16" + 1/16" PPT <input type="checkbox"/> Pink Camo 1/8"+ 1/16" PPT	<input type="checkbox"/> Black Ice 1/16" + SRP 1/16" <input type="checkbox"/> Black Ice 1/16" + SRP 1/8" <input type="checkbox"/> P-Cell 1/8" + PPT 1/16" <input type="checkbox"/> Vinyl+1/16" XRD
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**Topsheet finish options**

<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**

<b>Left</b>	<b>Right</b>
<b>Forefoot Posting</b> <input type="checkbox"/> Lateral _____ <input type="checkbox"/> Medial _____	<input type="checkbox"/> Lateral _____ <input type="checkbox"/> Medial _____

<b>Rearfoot Posting</b> <input type="checkbox"/> Lateral _____ <input type="checkbox"/> Medial _____	<input type="checkbox"/> Lateral _____ <input type="checkbox"/> Medial _____
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<b>Posting Style</b> <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic
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*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**      **Areas of Concern**

<input type="checkbox"/> 1 Pair <b>Other:</b> <b>Left</b> <input type="checkbox"/> 1 <b>Right</b> <input type="checkbox"/> 1
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<b>Metatarsal Pads</b> <input type="checkbox"/> <b>Left</b> <input type="checkbox"/> <b>Right</b>
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**Special Instructions**

