



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

Patient Information	Contact Name:
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PO#	Date:	Gender: M F
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Patient Name:	Date of Birth:
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Patient Weight:	Activity Level: Low Moderate High
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Shoe Information (Required Information)

Shoe Brand (Check One): Anodyne Aetrex Apis Brooks Drew Dr. Comfort
 New Balance Ortho Feet Pedors Propet PW Minor Other

Style: **Size:**

Orthotic Style

<p>Diabetic Orthotics 40 Duro</p> <p><input type="checkbox"/> Standard Bi-Lam 1/8" P-Cell <input type="checkbox"/> Standard Tri-Lam 3/16" <input type="checkbox"/> P-Cell 1/8" + PPT 1/16" <input type="checkbox"/> P-Cell 1/8" + PPT 1/8"</p> <p>X-Firm Diabetic Orthotics 55 Duro</p> <p><input type="checkbox"/> Standard Bi-Lam 1/8" P-Cell <input type="checkbox"/> Standard Tri-Lam 3/16" <input type="checkbox"/> P-Cell 1/8" + PPT 1/16" <input type="checkbox"/> P-Cell 1/8" + PPT 1/8"</p>	<p>Functional Accommodative Orthotics Base Options</p> <p><input type="checkbox"/> Black 45 EVA <input type="checkbox"/> Blue 55 EVA <input type="checkbox"/> Multicork 55 <input type="checkbox"/> Crepe 70</p> <p>Select Functional Accommodative Topsheet Below</p> <table border="0"> <tr> <td><input type="checkbox"/> P-Cell 1/8" + PPT 1/16"</td> <td><input type="checkbox"/> Black Ice 1/16" + PPT 1/16"</td> </tr> <tr> <td><input type="checkbox"/> P-Cell 1/8" + PPT 1/8"</td> <td><input type="checkbox"/> Black Ice 1/8" + PPT 1/16"</td> </tr> <tr> <td><input type="checkbox"/> Black Ice 1/8"</td> <td><input type="checkbox"/> Black Ice 1/16" + SRP 1/16"</td> </tr> <tr> <td><input type="checkbox"/> Black Ice 1/16"</td> <td><input type="checkbox"/> Black Ice 1/16" + SRP 1/8"</td> </tr> <tr> <td><input type="checkbox"/> Green Camo 1/8"</td> <td><input type="checkbox"/> Pink Camo 1/16" + 1/16" PPT</td> </tr> <tr> <td><input type="checkbox"/> Pink Camo 1/16"</td> <td><input type="checkbox"/> Pink Camo 1/8" + 1/16" PPT</td> </tr> <tr> <td><input type="checkbox"/> Pink Camo 1/8"</td> <td><input type="checkbox"/> Fabric with 1/8" Neosponge</td> </tr> <tr> <td><input type="checkbox"/> Fabric with 1/16" Neosponge</td> <td><input type="checkbox"/> Brown Leather</td> </tr> <tr> <td><input type="checkbox"/> Black Leather</td> <td><input type="checkbox"/> Brown Leather + 1/16" PPT</td> </tr> <tr> <td><input type="checkbox"/> Black Leather + 1/16" PPT</td> <td></td> </tr> </table>	<input type="checkbox"/> P-Cell 1/8" + PPT 1/16"	<input type="checkbox"/> Black Ice 1/16" + PPT 1/16"	<input type="checkbox"/> P-Cell 1/8" + PPT 1/8"	<input type="checkbox"/> Black Ice 1/8" + PPT 1/16"	<input type="checkbox"/> Black Ice 1/8"	<input type="checkbox"/> Black Ice 1/16" + SRP 1/16"	<input type="checkbox"/> Black Ice 1/16"	<input type="checkbox"/> Black Ice 1/16" + SRP 1/8"	<input type="checkbox"/> Green Camo 1/8"	<input type="checkbox"/> Pink Camo 1/16" + 1/16" PPT	<input type="checkbox"/> Pink Camo 1/16"	<input type="checkbox"/> Pink Camo 1/8" + 1/16" PPT	<input type="checkbox"/> Pink Camo 1/8"	<input type="checkbox"/> Fabric with 1/8" Neosponge	<input type="checkbox"/> Fabric with 1/16" Neosponge	<input type="checkbox"/> Brown Leather	<input type="checkbox"/> Black Leather	<input type="checkbox"/> Brown Leather + 1/16" PPT	<input type="checkbox"/> Black Leather + 1/16" PPT	
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Carbon Plates Orthotic Options

Full Length <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Sulcus Length <input type="checkbox"/> Ultrathin Option <input type="checkbox"/> UCBL Trim Line
Morton's Extensions <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Shallow Heel (Podiatric Style) <input type="checkbox"/> Extra Rigid (Quickform)

Quantity of Orthotics Toe Filler

<input type="checkbox"/> 3 Pairs <input type="checkbox"/> 2 Pairs <input type="checkbox"/> 1 Pair	<input type="checkbox"/> Left <input type="checkbox"/> Right
Other: Left <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Right <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Please indicate where fill is to be added below

Posting Left Right Areas of Concern

Forefoot <input type="checkbox"/> Lateral <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Medial	
Rearfoot <input type="checkbox"/> Lateral <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Medial	

Metatarsal Pads Left Right

Special Instructions