



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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Orthotic Information

<p>Shell Thickness</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 1/8th</i>) <input type="checkbox"/> 4.15mm (<i>Between 1/8th and 3/16th</i>) <input type="checkbox"/> 4.45mm (<i>Performs like 3/16th</i>)	<p>Heel Cup Depth</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

	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
<i>Intrinsic post is an approximant 1" flat spot on the bottom of the orthotic shell</i> <i>Extrinsic post is a solid plastic heel posting (Looks like a traditional heel posting expect it is machined out of plastic)</i>		

Quantity of Orthotics

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

Special Instructions area for handwritten notes.

Areas of Concern

Left	Right