

- Ordering orthotics ONLY**
 Ordering orthotics AND footwear

LAB USE ONLY
Serial # _____
Opened By _____ Incoming Postage _____
Date Received _____

Account # _____ P.O. #: _____
Account Name _____
Practitioner Name _____
Phone _____ Fax _____
Email _____
Street Address _____
City/St/Zip/Postal Code _____
 Recast from previous order Return cast to clinician
Serial # _____
 Custom copy authorization 3-Day Rush - (Add'l Fee)

Patient's First Name _____
Patient's Last Name _____
Street Address _____
City/St/Zip/Postal Code _____
Telephone () _____
Sex M F Age _____ Height _____ Weight _____
Shoe Size _____
PUMP Flat Low heel High heel
LACED Low volume interior High volume interior
 Athletic Safety boots
 Other _____

Protect® Program Serial # _____ Repair Outgrow Loss (surcharge enclosed) Bill account for surcharge

ORTHOTICS AND TOPCOVERS

- | | |
|--|--|
| <input type="checkbox"/> FIRSTCHOICE ACCOMMODATIVE (To sulcus) | <input type="checkbox"/> FIRSTCHOICE DRESS (To sulcus) |
| <input type="checkbox"/> FIRSTCHOICE SPORT (To metatarsals) | <input type="checkbox"/> FIRSTCHOICE SEMI-FLEX (To toes) |
| <input type="checkbox"/> FIRSTCHOICE COMPOSITE (To metatarsals) | <input type="checkbox"/> FIRSTCHOICE PEDIATRIC (To metatarsals)
(For children up to 80lbs) |
- | | | |
|---|---|--|
| <input type="checkbox"/> Add PPT® Extension | <input type="checkbox"/> Add PPT® Topcover | <input type="checkbox"/> Replace Standard Topcover with |
| Select One | Select One | Select One |
| <input type="checkbox"/> 1/16" <input type="checkbox"/> Toes | <input type="checkbox"/> 1/16" <input type="checkbox"/> Metatarsals | <input type="checkbox"/> 3/16" PPT PLASTAZOTE® <input type="checkbox"/> Metatarsals |
| <input type="checkbox"/> 1/8" <input type="checkbox"/> Sulcus | <input type="checkbox"/> 1/8" <input type="checkbox"/> Sulcus | <input type="checkbox"/> 1/8" Multicolor Medium-Density EVA topcover <input type="checkbox"/> Sulcus |
| | <input type="checkbox"/> Toes | <input type="checkbox"/> 1/16" NEOPRENE <input type="checkbox"/> Toes |
| | | <input type="checkbox"/> 1/8" NEOPRENE <input type="checkbox"/> Toes |

FOOTWEAR

Shoe Size: _____ Length _____ Width _____

**NEW BALANCE:
MENS AND WOMENS**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 811 - Performance Walker
<input type="checkbox"/> Lace-up <input type="checkbox"/> Velcro
<input type="checkbox"/> Black <input type="checkbox"/> Bone <input type="checkbox"/> White | <input type="checkbox"/> Ambulator Double Strap
<input type="checkbox"/> Black Stretch
<input type="checkbox"/> Black Leather | <input type="checkbox"/> Sierra Trail Runner | <input type="checkbox"/> Ambulator Stretch Single Strap |
| <input type="checkbox"/> 855 - Cross Trainer | <input type="checkbox"/> Ambulator Stitched Oxford
<input type="checkbox"/> Black Leather
<input type="checkbox"/> Brown Leather | <input type="checkbox"/> Lexington Classic Oxford
<input type="checkbox"/> Black <input type="checkbox"/> Brown | <input type="checkbox"/> Ambulator Stretch Clog |
| <input type="checkbox"/> 927 - Motion Control Walker
<input type="checkbox"/> Black <input type="checkbox"/> White | <input type="checkbox"/> Ambulator Moc Toe Oxford
<input type="checkbox"/> Black Leather
<input type="checkbox"/> Brown Leather | <input type="checkbox"/> Lexington Cap Toe Oxford
<input type="checkbox"/> Black <input type="checkbox"/> Brown | <input type="checkbox"/> Ambulator Clog
<input type="checkbox"/> Black Leather <input type="checkbox"/> Grey Suede
<input type="checkbox"/> Roan Suede |
| <input type="checkbox"/> 993 - High Mileage Trainer | <input type="checkbox"/> Ambulator Boat Shoe
<input type="checkbox"/> Two-Tone (brown/tan) Leather
<input type="checkbox"/> Brown Leather | <input type="checkbox"/> Lexington Moc Toe Oxford
<input type="checkbox"/> Black <input type="checkbox"/> Brown | <input type="checkbox"/> Ambulator Classic Lace
<input type="checkbox"/> Black Leather <input type="checkbox"/> Brown Nubuck |
| <input type="checkbox"/> 1123 - Running Shoe | <input type="checkbox"/> Ambulator Single Strap
<input type="checkbox"/> Black Leather
<input type="checkbox"/> Brown Leather | <input type="checkbox"/> Gramercy Classic Slip-on
<input type="checkbox"/> Black <input type="checkbox"/> Brown | <input type="checkbox"/> Ambulator Mary Jane
<input type="checkbox"/> Black Leather <input type="checkbox"/> Brown Nubuck
<input type="checkbox"/> Grey Nubuck |
| <input type="checkbox"/> Ambulator Slip-on
<input type="checkbox"/> Black Leather
<input type="checkbox"/> Brown Leather | <input type="checkbox"/> Ambulator Lace-up Boot | <input type="checkbox"/> Gramercy Lace-up
<input type="checkbox"/> Black <input type="checkbox"/> Brown | <input type="checkbox"/> Ambulator Striped Lace
<input type="checkbox"/> Black Leather <input type="checkbox"/> Brown Nubuck |
| <input type="checkbox"/> Ambulator Classic Oxford | | <input type="checkbox"/> Essence Casual Lucy
<input type="checkbox"/> Black Leather <input type="checkbox"/> Red Suede | <input type="checkbox"/> Ambulator Double Strap Velcro |

AETREX: MENS

AETREX: WOMENS

This is a prepaid order

Check enclosed Check# _____
 Money order enclosed Check# _____

Charge to: Mastercard VISA AmEx Discover

Expiration Date _____ Signature _____

SPECIAL INSTRUCTIONS

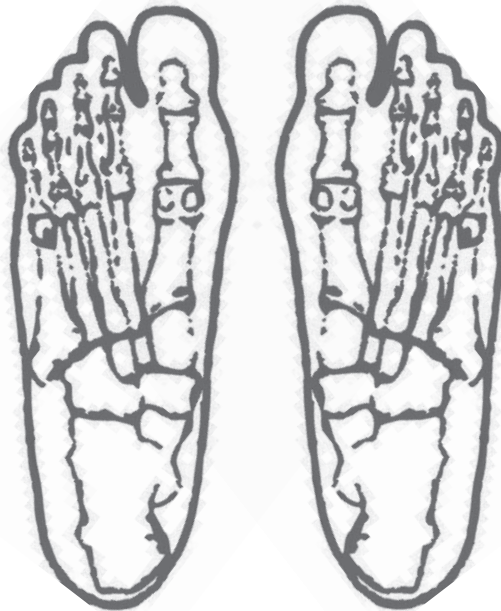
POSTING VALUES

Forefoot	Right	Left
Intrinsic	____° Varus	____° Varus
	____° Valgus	____° Valgus
Forefoot	Right	Left
Extrinsic	____° Varus	____° Varus
	____° Valgus	____° Valgus
Rearfoot	Right	Left
Intrinsic	____° Varus	____° Varus
Rearfoot	Right	Left
Extrinsic	____° Varus	____° Varus

ACCOMMODATIONS

	RIGHT	LEFT		RIGHT	LEFT		RIGHT	LEFT
Heel spur balance	<input type="checkbox"/>	<input type="checkbox"/>	Neuroma pad	<input type="checkbox"/>	<input type="checkbox"/>	Scaphoid pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel cushion	<input type="checkbox"/>	<input type="checkbox"/>	3rd interspace unless specified _____			Balance pad Right (please circle)	1 2 3 4 5	
Heel lift 1/8"	<input type="checkbox"/>	<input type="checkbox"/>	Neuroma plug	<input type="checkbox"/>	<input type="checkbox"/>	Balance pad Left (please circle)	1 2 3 4 5	
Heel lift 3/16"	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____			Deep Heel Seat	<input type="checkbox"/>	<input type="checkbox"/>
Heel lift 1/4"	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsal pad	<input type="checkbox"/>	<input type="checkbox"/>	Available on pediatric devices only		
1st Ray Cut Out	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsal bar	<input type="checkbox"/>	<input type="checkbox"/>	Medial Flange	<input type="checkbox"/>	<input type="checkbox"/>
						Lateral Flange	<input type="checkbox"/>	<input type="checkbox"/>
						Gait Plate to promote	<input type="checkbox"/> In toe	<input type="checkbox"/> Out toe

Plantar View



Right

Left

BOTTOM

PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations.