



U.S. 2905 Veterans Memorial Hwy
Ronkonkoma, NY 11779

Canada 160 Markland Street
Markham, Ontario, Canada L6C 0C6

LAB USE ONLY

Serial # _____
Opened By _____ Incoming Postage _____
Date Received _____

Ordering orthotics ONLY

Ordering orthotics AND footwear

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

SPORTHOTICS®

ALLSPORT (To metatarsals)

CYCLIST (To sulcus)

BASKETBALL (To toes)

SPRINTER (To toes)

ALLSPORT CLASSIC (To metatarsals)

MARATHONER (To sulcus)

GOLF (To toes)

TENNIS/RACQUETBALL (To toes)

ALLSPORT FLEXIBLE (To metatarsals)

SOCCER (To sulcus)

HEALTHFLEX® (To toes)

FOOTBALL (To metatarsals)

ATP TENNIS (To toes)

SKI/SKATE (To toes)

FASHION DEVICES

SLIMTHOTICS® (To sulcus)

Extension width 1st to 3rd metatarsal heads

Extension width 1st to 5th metatarsal heads

Full width forefoot shell 1st to 5th metatarsal heads with 1/16" PPT® extension

DESIGNLINE® (To sulcus)

DRESSFLEX® (To sulcus)

ULTRA SLIMS® (To sulcus)

SUPERFORM STYLOTIC® (To sulcus)

CONTROLLING/FUNCTIONAL DEVICES

D.S.I.S. [Dynamic Stabilizing Insole System] (To metatarsals)

GAITFLEX (To toes)

LYTE FIT® (To metatarsals)

RIGIDUR (To metatarsals)

HEEL FIT® Firm (To toes)

HEEL FIT® Flexible (To toes)

U.C.B.L. (To metatarsals)

ACCOMMODATIVE DEVICES

BLUELINE (To sulcus)

Available fillers PPT® (soft) EVA (medium) Thermocork (firm)

LEATHER MOULD (To sulcus)

PPT® EVA Thermocork Laminate

RUNNERS MOULD

THERACARE DEVICES

SOFT (To toes)

SPR (To toes)

FIRM (To toes)

FOOTWEAR

Shoe Size: Length _____ Width _____

**NEW BALANCE:
MENS AND WOMENS**

811 - Performance Walker

Lace-up Velcro

Black Bone White

855 - Cross Trainer

927 - Motion Control Walker

Black White

993 - High Mileage Trainer

1123 - Running Shoe

AETREX: MENS

Ambulator Slip-on

Black Leather

Brown Leather

Ambulator Classic Oxford

Ambulator Double Strap

Black Stretch

Black Leather

Ambulator Stitched Oxford

Black Leather

Brown Leather

Ambulator Moc Toe Oxford

Black Leather

Brown Leather

Ambulator Boat Shoe

Two-Tone (brown/tan) Leather

Brown Leather

Ambulator Single Strap

Black Leather

Brown Leather

Ambulator Lace-up Boot

Sierra Trail Runner

Lexington Classic Oxford

Black Brown

Lexington Cap Toe Oxford

Black Brown

Lexington Moc Toe Oxford

Black Brown

Gramercy Classic Slip-on

Black Brown

Gramercy Lace-up

Black Brown

Essence Casual Lucy

Black Leather Red Suede

Ambulator Stretch Single Strap

Ambulator Stretch Clog

Ambulator Clog

Black Leather Grey Suede

Roan Suede

Ambulator Classic Lace

Black Leather Brown Nubuck

Ambulator Mary Jane

Black Leather Brown Nubuck

Grey Nubuck

Ambulator Striped Lace

Black Leather Brown Nubuck

Ambulator Double Strap Velcro

AETREX: WOMENS

This is a prepaid order
 Check enclosed
 Check# _____
 Money order enclosed
 Check# _____

Charge to: Mastercard VISA AmEx Dis-
 cover
 # _____
 Expiration Date _____ Signature _____

EXAMINATION FINDINGS

1st Ray Position Right Left
 Plantarflexed (1st ray cut out)
 Normal
 Dorsiflexed
Hallux Dorsiflexion
 Rigid
 Semi-Rigid
 Normal
General Foot Motions
 Restricted
 Average
 Loose
Limb Length Differences
 Right limb is shorter by _____mm/inches
 Left limb is shorter by _____mm/inches

POSTING VALUES

Post according to lab evaluation of data and cast
 DO NOT post the rearfoot and/or forefoot
 Post to these values instead
 RIGHT LEFT
 REARFOOT _____° Varus _____° Varus
 Intrinsic Extrinsic (unless stated otherwise)
 RIGHT LEFT
 FOREFOOT _____° Varus _____° Varus
 _____° Valgus _____° Valgus
 Intrinsic Extrinsic
 Any forefoot post over 5° will be split intrinsic and extrinsic.
 Tip Post 1-5 Post Bar
 Compressible forefoot post to sulcus
 2-5 Bar post with 1st ray cut out

Please check "Heel Lifts" if needed (in right hand column) HEEL LIFT* _____" mm/in _____" mm/in

*Heel lifts will be sent separately when rearfoot is posted intrinsically











Location of Corns/Calluses R _____ L _____

Foot Appearance (non-weight bearing)
 High arch
 Medium arch
 Low arch
Foot Appearance (weight bearing)
 High arch
 Medium arch
 Low arch
Subtalar Joint
 Restricted
 Average
 Loose
Ankle Dorsiflexion
 Adequate
 Limited

SHELL MODIFICATIONS/SUBSTITUTIONS

Deep Heel Seat R L Cut Orthoses Narrow
 Lateral Flange R L WHITMAN ROBERTS
 Medial Flange R L Schaeffer
 Reduce Bulk R L Gait Plate to promote
 Lateral Clip R L Out toe In toe
 Morton's ext to shell R L Heel Stabilizer (Type)
 1st Ray Cut Out R L A B C D
 Kinetic Wedge R L SUPERFORM®

SPECIAL PADDINGS/ACCOMMODATIONS

Arch Reinforcement (Standard for patients 275lbs. + excluding Superform Stylotic)
 PPT® EVA Thermocork Neuroma pad 
 Right Left
 Heel spur pad  specified _____
 Heel cushion  Neuroma plug 
 2-4 Met pad  Interspace _____
 Met bar pad  Dancer's pad 
 Toe crest pad  Scaphoid pad 
 Magnetic heel insert Morton's ext. 
 Balance pad (Right) please circle _____ Balance pad (Left) please circle _____
 1 2 3 4 5 1 2 3 4 5
 Buttress pad (Right) please circle _____ Buttress pad (Left) please circle _____
 1 2 3 4 5 1 2 3 4 5
 Shoes Enclosed R L

FOREFOOT EXTENSIONS

From Distal End of Shell To
 Sulcus Toes

Thickness
 1/8" 1/16"

Materials
 PPT®
 PPT®/PLASTAZOTE®
 (3/16" ONLY)
 PLASTAZOTE®

PADDED TOPCOVERS

Cover From Heel To
 Mets Sulcus Toes

Thickness
 1/8" 1/16"

Materials
 PPT®
 PPT®/PLASTAZOTE®
 (3/16" ONLY)
 PLASTAZOTE®

DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

I would like a Professional Account Representative (P.A.R.)
 to call me.

SPECIAL COVERING REQUESTS

NEOPRENE 1/8" 1/16" Glove leather
 COOLFLEX™/W-PPT (3/16") Perforated glove leather
 Medium Density EVA (1/8" only) Suede bottom cover

