

**Please:**

- Submit one form for each pair ordered.
- Call ahead with any special instructions.
- Avoid processing delays by providing ALL requested information.
- **Order carefully.** Additions and accommodations requested after the initial order is placed will incur a fee.

**LAB USE ONLY**

Serial # \_\_\_\_\_  
 Opened By \_\_\_\_\_ Incoming Postage \_\_\_\_\_  
 Date Received \_\_\_\_\_

Account # \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Practitioner Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/St/Prov \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_

Patient's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/St/Zip/Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Diagnosis or Chief Complaint \_\_\_\_\_  
 Date of Birth (M/D/Y) \_\_\_\_\_  
 Sex  M  F Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Shoe Size \_\_\_\_\_ Shoes Enclosed

- Recast from previous order  Return cast to clinician  
 Serial # \_\_\_\_\_  
 Custom copy authorization

- 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

- This is a prepaid order**  
 Check enclosed Check# \_\_\_\_\_  
 Money order enclosed Check# \_\_\_\_\_

Charge to:  MasterCard  VISA  AmEx  Discover  
 # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

- FIRSTCHOICE ACCOMMODATIVE** (To sulcus)  **FIRSTCHOICE DRESS** (To sulcus)  
 **FIRSTCHOICE SPORT** (To metatarsals)  **FIRSTCHOICE SEMI-FLEX** (To toes)  
 **FIRSTCHOICE COMPOSITE** (To metatarsals)  **FIRSTCHOICE PEDIATRIC** (For children up to 80lbs) (To metatarsals)

**TOPCOVERS AVAILABLE**

- |  |   |  |
|--|---|--|
| <p><input type="checkbox"/> <b>Add PPT® Extension</b></p> <p>Select One    Select One</p> <p><input type="checkbox"/> 1/16"    <input type="checkbox"/> Toes</p> <p><input type="checkbox"/> 1/8"    <input type="checkbox"/> Sulcus</p> | <p><input type="checkbox"/> <b>Add PPT® Topcover</b></p> <p>Select One    Select One</p> <p><input type="checkbox"/> 1/16"    <input type="checkbox"/> Metatarsals</p> <p><input type="checkbox"/> 1/8"    <input type="checkbox"/> Sulcus</p> <p><input type="checkbox"/> Toes</p> | <p><input type="checkbox"/> <b>Replace Standard Topcover with</b></p> <p><input type="checkbox"/> 3/16" PPT PLASTAZOTE®</p> <p><input type="checkbox"/> 1/8" Multicolor Medium-Density EVA Topcover</p> <p><input type="checkbox"/> 1/8" SPENCO®</p> |
|--|---|--|

Account # \_\_\_\_\_ Account Name \_\_\_\_\_

**Please send me the following FREE supplies/information**

- |  |  |
|--|--|
| <p><input type="checkbox"/> 2-Way cast boxes</p> <p><input type="checkbox"/> 2-Way multi cast boxes</p> <p>Rx Forms</p> <p><input type="checkbox"/> LANGER <input type="checkbox"/> FIRSTCHOICE <input type="checkbox"/> LXCEL</p> <p><input type="checkbox"/> Rx repair forms</p> | <p>Langer® catalogs</p> <p><input type="checkbox"/> Custom products</p> <p><input type="checkbox"/> Distribution products</p> <p><input type="checkbox"/> Therapeutic Shoe Bill Information</p> <p><input type="checkbox"/> Airborne airbill</p> |
|--|--|

**Please send me the following FREE supplies/information**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Post-op recovery shoes</p> <p><input type="checkbox"/> CONTOURS prefabs</p> <p><input type="checkbox"/> PPT® components</p> <p><input type="checkbox"/> PPT® sheets and materials</p> <p><input type="checkbox"/> PPT® insoles</p> | <p><input type="checkbox"/> Therapeutic hosiery</p> <p><input type="checkbox"/> Custom ankle foot orthoses</p> <p><input type="checkbox"/> AFO night splints</p> <p><input type="checkbox"/> AFO walkers</p> <p><input type="checkbox"/> Custom Birkenstock Catalog</p> |
|--|---|

## SPECIAL INSTRUCTIONS

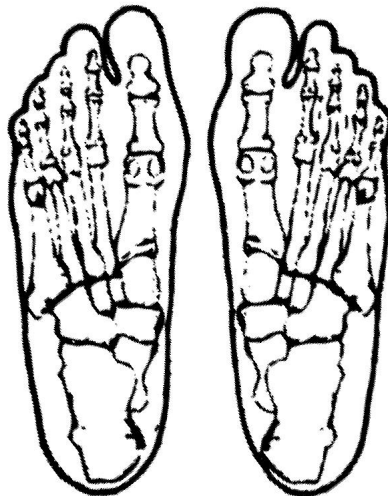
## POSTING VALUES

<b>Forefoot</b>	Right	Left
Intrinsic	___ ° Varus	___ ° Varus
	___ ° Valgus	___ ° Valgus
<b>Forefoot</b>	Right	Left
Extrinsic	___ ° Varus	___ ° Varus
	___ ° Valgus	___ ° Valgus
<b>Rearfoot</b>	Right	Left
Intrinsic	___ ° Varus	___ ° Varus
<b>Rearfoot</b>	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 _____	<input type="checkbox"/>	<input type="checkbox"/>	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 _____	<input type="checkbox"/>	<input type="checkbox"/>	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		
1 <sup>st</sup> 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

Please send casts and orders to Langer Inc., where additional supplies and services are also available.

**New York**  
450 Commack Road  
Deer Park, NY 11729  
800-645-5520  
Fax: (631) 586-9441

**California**  
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Brea, CA 92822  
800-456-9334  
Fax: (714) 996-6372

**Toronto**  
29 Pemican Court, Unit 3  
Toronto, ON, Canada M9M2Z3  
416-744-8184  
In Canada: 800-661-3992  
Fax: (416) 744-0155

**VISIT OUR WEBSITE**  
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