

Stride Lite Revolution Orthotics 2025

Date Casted: _____
 Date Sent: _____
 Rush Date Needed By (\$25): ____/____/____

895 Home Avenue, Akron, Ohio 44310 Phone: (800) 998-4199 Fax: (800) 997-9980

Customer Name: _____
Address: _____
Phone: _____ **Fax:** _____ **Email:** _____

Patient Name: _____ Male Female
 Age: _____ Weight: _____ Height: _____ Shoe Size: _____ Shoe Style: _____

ORTHOTIC STYLE

RIGIDITY OF SHELL (Based on Patient's Weight): FLEXIBLE SEMI-FLEXIBLE SEMI-RIGID RIGID

<p>FUNCTIONAL</p> <input type="checkbox"/> INNO-TECH <input type="checkbox"/> INNO-TECH CASUAL <input type="checkbox"/> INNO-TECH STILETTO <input type="checkbox"/> INNO-TECH CLASSIC <input type="checkbox"/> EASY STRIDE <input type="checkbox"/> ELITE	<p>SPORTS</p> <input type="checkbox"/> ICON <input type="checkbox"/> IMPACT <input type="checkbox"/> EXTREME <input type="checkbox"/> ENDURANCE	<p>COMPOSITES</p> <input type="checkbox"/> THINNOVATE <input type="checkbox"/> THINNOVATE STILETTO <input type="checkbox"/> PERFORMANCE GRAPHITE
<p>STILL GROWING</p> <input type="checkbox"/> SHAFFER PLATE <input type="checkbox"/> WHITMAN ROBERTS <input type="checkbox"/> HEEL STABILIZER (UCBL TYPE) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> GAIT PLATE <input type="checkbox"/> R <input type="checkbox"/> L to cause: <input type="checkbox"/> Toe In <input type="checkbox"/> Toe Out	<p>HYBRIDS <i>*Moderate Control with Forgiveness</i></p> <input type="checkbox"/> VERSA-TECH <input type="checkbox"/> MULTI-TECH	<p>ARCH CONTACT</p> <input type="checkbox"/> Total Contact <input type="checkbox"/> Moderate Contact – 1/16" Fill <input type="checkbox"/> Minimal Contact – 1/8" Fill
	<p>ACCOMMODATIVE</p> <input type="checkbox"/> INNO-FLEX <input type="checkbox"/> QUICK FORM ACCOMMODATIVE <input type="checkbox"/> CORK <input type="checkbox"/> CREPE	<p>MEDIAL & LATERAL MODIFICATIONS</p> <input type="checkbox"/> High Medial Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Shaffer Medial Wing <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Lateral Clip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> High Lateral Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Plantar Fascial Groove <input type="checkbox"/> R <input type="checkbox"/> L

POSTING INSTRUCTIONS

Post to Measurements Below Lab to Evaluate & Post

Forefoot: <u>Right</u> <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ Rearfoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____	Forefoot: <u>Left</u> <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ Rearfoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____	Heel Lift: <input type="checkbox"/> Right Amt. _____ mm <input type="checkbox"/> Left Amt. _____ mm Arch Fill: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Full Post <input type="checkbox"/> Deep Heel Seat: _____ mm <input type="checkbox"/> Medial Wedge <input type="checkbox"/> Lateral Wedge
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LENGTH & CUSHIONING	TOP COVER	BOTTOM COVER
<input type="checkbox"/> MET <input type="checkbox"/> SULCUS <input type="checkbox"/> FULL <input type="checkbox"/> No Padding <input type="checkbox"/> Pad Shell Only <input type="checkbox"/> Pad BOTH Shell & Extension <p>Cushioning (Mid-Layer)</p> <input type="checkbox"/> Poron <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> Micro <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16"	<input type="checkbox"/> No Top Cover <input type="checkbox"/> Swirl <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> BioSkin <input type="checkbox"/> Blue <input type="checkbox"/> Pink <input type="checkbox"/> Gray <input type="checkbox"/> Suede <input type="checkbox"/> Vinyl <input type="checkbox"/> Crosslink <input type="checkbox"/> Diabetic Cover <input type="checkbox"/> Micro <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> Neolon <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16"	<input type="checkbox"/> Full <input type="checkbox"/> Extension Only <input type="checkbox"/> NO BOTTOM COVER <input type="checkbox"/> Micro <input type="checkbox"/> Non-Slip <input type="checkbox"/> Suede <input type="checkbox"/> Vinyl

ACCOMMODATIONS

<input type="checkbox"/> Met Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Dancer's Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Reverse Dancer's Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rigid <input type="checkbox"/> Soft <input type="checkbox"/> Full length <input type="checkbox"/> 1 st Met Teardrop Cutout <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Offload Met Heads R - 1 2 3 4 5 L - 1 2 3 4 5 <input type="checkbox"/> Use U Shaped Pads to + Depth	<input type="checkbox"/> Met Bar (2-5) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Medial Arch Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Heel Cushion (Full Heel) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Horseshoe Heel Cushion <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foam Filled Heel <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Toe Fill R - 1 2 3 4 5 L - 1 2 3 4 5
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Special Instructions:



