

<b>Doctor's Name:</b>		<b>Office Name:</b>	
<b>Address:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
Patient's Name (PLEASE PRINT)			

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><b>FUNCTIONAL</b></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><b>SPORTS</b></p> <input type="checkbox"/> ICON <input type="checkbox"/> IMPACT <input type="checkbox"/> EXTREME <input type="checkbox"/> ENDURANCE	<p><b>COMPOSITES</b> <i>Thin and Rigid</i></p> <input type="checkbox"/> THINNOVATE <input type="checkbox"/> THINNOVATE STILETTO
<p><b>STILL GROWING</b></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><b>HYBRIDS</b> <i>*Moderate Control with Forgiveness</i></p> <input type="checkbox"/> VERSA-TECH <input type="checkbox"/> MULTI-TECH	<p><b>ARCH CONTACT</b></p> <input type="checkbox"/> Total Contact <input type="checkbox"/> Moderate Contact – 1/16" Fill <input type="checkbox"/> Minimal Contact – 1/8" Fill
	<p><b>ACCOMMODATIVE</b></p> <input type="checkbox"/> INNO-FLEX <input type="checkbox"/> ACCOMMODATIVE CORK <input type="checkbox"/> ACCOMMODATIVE CREPE	<p><b>MEDIAL &amp; LATERAL MODIFICATIONS</b></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

### POSTING INSTRUCTIONS

 Post to Measurements Below

 Lab to Evaluate & Post

<p><b>RIGHT</b></p> Forefoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ Rearfoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____	<p><b>LEFT</b></p> Forefoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____ Rearfoot: <input type="checkbox"/> Intrinsic _____ <input type="checkbox"/> Extrinsic _____	Heel Lift: <input type="checkbox"/> Right _____ Amt. <input type="checkbox"/> Left _____ Amt. Arch Fill: Soft <input type="checkbox"/> Firm <input type="checkbox"/> Full Posts <input type="checkbox"/> <input type="checkbox"/> Deep Heel Seat _____ mm <input type="checkbox"/> Medial Wedge <input type="checkbox"/> Lateral Wedge
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<p><b>LENGTH &amp; CUSHIONING</b></p> <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 Extension Only <input type="checkbox"/> Pad BOTH Shell & Extension <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> Sub Poron	<p><b>TOP COVER</b></p> <input type="checkbox"/> No Top Cover <input type="checkbox"/> Swirl 1/8" <input type="checkbox"/> BioSkin <input type="checkbox"/> X-Foam 1/8" <input type="checkbox"/> Suede <input type="checkbox"/> Vinyl <input type="checkbox"/> Crosslink <input type="checkbox"/> Diabetic Cover <input type="checkbox"/> Microcloud ___1/8 ___1/16 <input type="checkbox"/> Neolon ___1/8 ___1/16	<p><b>BOTTOM COVER</b></p> <input type="checkbox"/> Full <input type="checkbox"/> Extension Only <input type="checkbox"/> NO BOTTOM COVER <input type="checkbox"/> Microcloud <input type="checkbox"/> Non-Slip <input type="checkbox"/> Suede
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### 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"/> 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 <sup>st</sup> Met Teardrop Cutout <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Pocket 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"/> Plantar Fascial Groove <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Heel Spur Accommodation <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Heel Cushion <input type="checkbox"/> Horseshoe <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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