

Doctor's Name:		Office Name:	
Address:		Phone:	Fax:
City:		State:	Zip:
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>FUNCTIONAL</p> <p><input type="checkbox"/> INNO-TECH</p> <p><input type="checkbox"/> INNO-TECH CASUAL</p> <p><input type="checkbox"/> INNO-TECH STILETTO</p> <p><input type="checkbox"/> INNO-TECH CLASSIC</p> <p><input type="checkbox"/> EASY STRIDE</p> <p><input type="checkbox"/> ELITE</p> <p>STILL GROWING</p> <p><input type="checkbox"/> SHAFFER PLATE</p> <p><input type="checkbox"/> WHITMAN ROBERTS</p> <p><input type="checkbox"/> HEEL STABILIZER (UCBL TYPE) <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> GAIT PLATE <input type="checkbox"/> R <input type="checkbox"/> L</p> <p>to cause: <input type="checkbox"/> Toe In <input type="checkbox"/> Toe Out</p>	<p>SPORTS</p> <p><input type="checkbox"/> ICON</p> <p><input type="checkbox"/> IMPACT</p> <p><input type="checkbox"/> EXTREME</p> <p><input type="checkbox"/> ENDURANCE</p> <p>HYBRIDS <i>*Moderate Control with Forgiveness</i></p> <p><input type="checkbox"/> VERSA-TECH</p> <p><input type="checkbox"/> MULTI-TECH</p> <p>ACCOMMODATIVE</p> <p><input type="checkbox"/> INNO-FLEX</p> <p><input type="checkbox"/> ACCOMMODATIVE CORK</p> <p><input type="checkbox"/> ACCOMMODATIVE CREPE</p>	<p>COMPOSITES <i>Thin and Rigid</i></p> <p><input type="checkbox"/> THINNOVATE</p> <p><input type="checkbox"/> THINNOVATE STILETTO</p> <p>ARCH CONTACT</p> <p><input type="checkbox"/> Total Contact</p> <p><input type="checkbox"/> Moderate Contact – 1/16" Fill</p> <p><input type="checkbox"/> Minimal Contact – 1/8" Fill</p> <p>MEDIAL & LATERAL MODIFICATIONS</p> <p><input type="checkbox"/> High Medial Flange <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Shaffer Medial Wing <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Lateral Clip <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> High Lateral Flange <input type="checkbox"/> R <input type="checkbox"/> L</p>
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POSTING INSTRUCTIONS

Post to Measurements Below

Lab to Evaluate & Post

<p>RIGHT</p> <p>Forefoot: <input type="checkbox"/> Intrinsic _____</p> <p><input type="checkbox"/> Extrinsic _____</p> <p>Rearfoot: <input type="checkbox"/> Intrinsic _____</p> <p><input type="checkbox"/> Extrinsic _____</p>	<p>LEFT</p> <p><input type="checkbox"/> Intrinsic _____</p> <p><input type="checkbox"/> Extrinsic _____</p> <p><input type="checkbox"/> Intrinsic _____</p> <p><input type="checkbox"/> Extrinsic _____</p>	<p>Heel Lift: <input type="checkbox"/> Right _____ Amt. <input type="checkbox"/> Left _____ Amt.</p> <p>Arch Fill: Soft <input type="checkbox"/> Firm <input type="checkbox"/> Full Posts <input type="checkbox"/></p> <p><input type="checkbox"/> Deep Heel Seat _____ mm</p> <p><input type="checkbox"/> Medial Wedge <input type="checkbox"/> Lateral Wedge</p>
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LENGTH & CUSHIONING

- MET SULCUS FULL
- No Padding
- Pad Shell Only
- Pad Extension Only
- Pad BOTH Shell & Extension
- 1/8" 1/16" Sub Poron

TOP COVER

- No Top Cover Swirl ___1/8" ___1/16"
- BioSkin X-Foam 1/8"
- Suede Vinyl
- Crosslink Diabetic Cover
- Microcloud ___1/8 ___1/16
- Neolon ___1/8 ___1/16

BOTTOM COVER

- Full Extension Only
- NO BOTTOM COVER
- Microcloud
- Non-Slip
- Suede

ACCOMMODATIONS

<p><input type="checkbox"/> Met Pad <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Dancer's Pad <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Rigid <input type="checkbox"/> Soft <input type="checkbox"/> Full length</p> <p><input type="checkbox"/> 1st Met Teardrop Cutout <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Pocket Met Heads</p> <p>R 1 2 3 4 5 L 1 2 3 4 5</p> <p><input type="checkbox"/> Use U Shaped Pads to +depth</p>	<p><input type="checkbox"/> Met Bar (2-5) <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Medial Arch Pad <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Plantar Fascial Groove <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Heel Spur Accommodation <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Heel Cushion <input type="checkbox"/> Horseshoe</p> <p><input type="checkbox"/> Foam-Filled Heel <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Toe Fill</p> <p>R 1 2 3 4 5 L 1 2 3 4 5</p>
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