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Date MM...../DD...../YYYY.....
Rush production
3 days 4 days

Clinician

Account Name/Number
Location
PO Number
Clinician
Contact me before processing



Recommended For:

- Walking and work shoes with removable insoles
- Overpronation pathologies
- Rotational control

Clinical Indications:

- Overpronation
- Endomorph body type
- Lower extremity pathology
- Poor posture

Standard specifications

Top Cover: .75mm Protex
Bottom Cover: 6mm Suede
Frame Material: Rigid Polypropylene per Weight
Frame Filler: 45 Shore A EVA
Heel Cup: 12mm
Extension: 3mm Myolite
Rearfoot Post: Extrinsic 55-65 Shore A EVA
Balance Forefoot to Rearfoot
Custom Congruent To Foot Model

Top cover length (optional - for changing defaults)

- Mets
- Sulcus
- Toes

Top cover material (optional - for changing defaults)

- Prolite mm
- Neoprene mm
- Protex
- Glove leather
- Suede
- Plastazote mm

Bottom cover material (optional - for changing defaults)

- Vegan Suede
- Grip
- Suede bottom wrap
- Myolite mm

Patient

First Name
Last Name
Gender: M F DOB MM...../DD...../YYYY.....
Height Weight Shoe size
Dx
Ship to Patient
Street Address
City
State Zip

Congruency (optional - for changing defaults)

- Foot captured in desired position
- OR
- Balance forefoot to rearfoot (Root style)
- Lower arch height (mm)
- Raise arch height (mm)
- Asymmetrical feet

Rearfoot posting (optional - for changing defaults)

- Extrinsic R L
- or Intrinsic R L
- Heel skive R L
- R mm L mm
- Heel lift (mm) R L

Forefoot posting (optional - for changing defaults)

- Extrinsic R L
- or Intrinsic R L
- or Met wedge

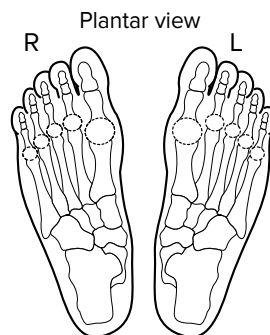
Extensions to sulcus (optional - for changing defaults) More options on 2nd page

- | | | | |
|--|------------------|---|-----------------------|
| | | | THICKNESS (mm) |
| | Morton's | R | L |
| | Reverse morton's | R | L |

Pads (optional - for changing defaults) More options on 2nd page

- | | | | |
|--|-------------------------|---|---|
| | Metatarsal pad | R | L |
| | Heel pad | R | L |
| | Myolite layer | R | L |
| | Met balance pad | R | L |
| | (select all that apply) | | |

Indicate as needed








Special instructions














Frame modifications (optional - for changing defaults)

	RIGHT		LEFT
 Heel Cup Depth		(mm)	(mm)
 Frame Filler	Myolite		Myolite
 Filler Skive			
 1 st Ray Cut Out			
 5 th Ray Cut Out			
 Navicular B. Out		(mm)	(mm)
 5 th Button Out		(mm)	(mm)
 Fascia Groove			
 Heel Aperture			
 Wide Arch Profile			
 Medial Flange			
 Lateral Flange			
 Valgus Frame Filler	Myolite		Myolite
 Device Undercut			
 Width of Frame			

Post modification (optional - for changing defaults)



 Grip Heel Plate			
 Proximal Grind off			
 Heel Lift Tapered		(mm)	(mm)
 Heel Elevator		(mm)	(mm)
 Varus Motion Post			

Pads & Cushions (optional - for changing defaults)









 Plastazote Layer		(mm)	(mm)
 Met Punch <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
 Medial Flap			
 Scaphoid Pad		(mm)	(mm)
 Slot Accomodation			
 Met Bar 1-5		(mm)	(mm)
 Dancer's Pad		(mm)	(mm)
 Toe Crest			
 Neuroma Pad		interspace	interspace
 Cuboid Offload		(mm)	(mm)
 Heel spur pad		(mm)	(mm)
 Carlton Saddle		(mm)	(mm)
 Valgus Onlay Pad			

Forefoot extensions (optional - for changing defaults)

Sulcus extension

 Sulcus Extension		Myolite (mm)	Myolite (mm)
 Foot Cookie Ext.		Myolite (mm)	Myolite (mm)

To toe extension

 Morton's Ext.			
 Rev. Morton's Ext.			
 Toe Extension		Myolite (mm)	Myolite (mm)
 Dynamic Wedge		(mm)	(mm)
 Varus Extension		(mm)	(mm)
 Valgus Extension		(mm)	(mm)
 Toe Filler			
 Detached Carbon Foot Plate to Toes			