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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

**Side**

**Design Functional Orthoses**

(Defaults in **bold**)

**Performance (P)** POLYPRO  
for athletic/comfort shoes  
default 3mm prolite top cover to  
toes, suede bottom cover, ext  
rearfoot post  
EVA  
XT CARBON  
TL CARBON

**Dress (D)** POLYPRO  
for dress/fashion shoes default  
protex top cover to sulcus  
suede bottom cover, intrinsic  
rearfoot post  
XT CARBON  
TL CARBON

**Control (C)** POLYPRO  
for athletic/therapeutic shoes  
default 3mm prolite top cover  
to toes, suede bottom cover,  
extrinsic rearfoot post  
EVA  
XT CARBON  
TL CARBON

**UCBL fit (U)** POLYPRO  
for athletic/therapeutic shoes  
default protex top cover to mets,  
suede bottom cover, extrinsic  
rearfoot post  
EVA

Quantity of pairs to order .....

**Rigidity** (per weight)

- Semi flexible (Recommended for pes cavus)
- Semi rigid** (Recommended for normal structure)
- Rigid (Recommended for pes planus structure)
- Very rigid (Recommended for severe pes planus)

**OR**

**Specialty Model** .....  
(See page 3 - 4 for reference)

**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: Grip Heel plate Smooth Heel plate
- 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 mm L mm
-  Heel lift (mm) R L





**Forefoot posting** (optional - for changing defaults)

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

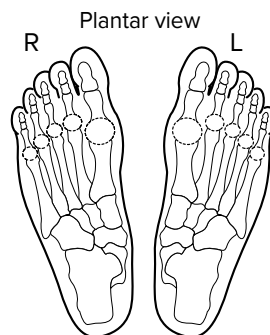
**Extensions to sulcus** (optional - for changing defaults) More options on 2<sup>nd</sup> page

- |   |                  |   |                       |
|---|------------------|---|-----------------------|
|   |                  |   | <b>THICKNESS (mm)</b> |
|  | Morton's         | R | L                     |
|  | Reverse morton's | R | L                     |

**Pads** (optional - for changing defaults) More options on 2<sup>nd</sup> page

- |   |  |   |   |
|---|--|---|---|
|  | Metatarsal pad                             | R | L |
|  | Heel pad                                   | R | L |
|  | Myolite layer                              | R | L |
|  | Met balance pad<br>(select all that apply) | R | L |
- METATARSAL HEAD**

**Indicate as needed**








**Special instructions**














**Frame modifications** (optional - for changing defaults)

	RIGHT		LEFT
 Heel Cup Depth		(mm)	(mm)
 Frame Filler	<b>Myolite</b>		<b>Myolite</b>
 Filler Skive			
 1 <sup>st</sup> Ray Cut Out			
 5 <sup>th</sup> Ray Cut Out			
 Navicular B. Out		(mm)	(mm)
 5 <sup>th</sup> Button Out		(mm)	(mm)
 Fascia Groove			
 Heel Aperture			
 Wide Arch Profile			
 Medial Flange			
 Lateral Flange			
 Valgus Frame Filler	<b>Myolite</b>		<b>Myolite</b>
 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		<b>Myolite</b> (mm)	<b>Myolite</b> (mm)
 Foot Cookie Ext.		<b>Myolite</b> (mm)	<b>Myolite</b> (mm)

To toe extension

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

**Dress**

- L1 Fashion
- L2 Princess
- L3 Ultra Slim
- L4 Subo-Flex LP
- L5 Supporter LP
- L6 Perseus
- L7 Cobra
- L8 DAS LP
- L9 Coleman LP

**Active**

- A1 Pro Sport
- A2 Carbon Sport
- A3 Classic Sport
- A4 Subo-Flex
- A5 Supporter
- A6 Cork & Leather
- A7 Pro EVA
- A8 DAS
- A9 Coleman
- A10 Easy Flex
- A11 Cushion Plus
- A12 Unit

**UCBL**

- T4 UCBL
- T5 Modified UCBL
- T6 Pediatric UCBL
- T9 EVA UCBL

**Therapeutic**

- T1 Care Soft
- T2 Care Firm
- T3 Premium Diabetic
- T7 Diabetic Inserts

**Military**

- M1 Field
- M2 Garrison
- M3 Leisure

**Root**

- Blake (inv. options: 25°)
- Cushion-Flex™
- Cushion-Flex-Control™
- Diaba-Flex™
- Diaba-Flex-Control™

**Pathology**

- P1 Achilles Tendinitis
- P2 Adult Acquired Flatfoot
- P3 Lateral Ankle Instability
- P4 Hallux Limitus
- P5 Hallux Rigidus
- P6 Heel Spur
- P7 Intoeing Gait
- P8 Metatarsalgia
- P9 Neuroma
- P10 Pediatric Flatfoot
- P11 Pes Cavus
- P12 Pes Planus
- P13 Plantar Fasciitis
- P14 Sesamoiditis

**Sports**

- S1 Ski
- S2 Ski Pro
- S3 Snowboard
- S4 Basketball
- S4.5 Equipe Basketball
- S5 Football
- S5.5 Lineman
- S6 Baseball
- S7 Soccer
- S8 Jogging
- S9 Marathoner
- S10 Volleyball
- S11 Tennis
- S12 Water
- S13 Skateboard
- S14 Track & Field
- S15 Golf
- S16 Road Cycling
- S17 Mountain Biking
- S18 Trail Running
- S19 Figure Skating
- S20 Ice/Roller Hockey
- S21 Hunting & Fishing
- S22 Hiker
- S23 Ultralite Runner