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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:**

- Low volume 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: None  
Frame Material: Rigid Polypropylene per Weight  
Frame Filler: 45 Shore A EVA  
Heel Cup: 6mm  
Extension: None  
Rearfoot Post: Intrinsic  
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
- mm L mm
- Heel lift (mm) R L

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

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

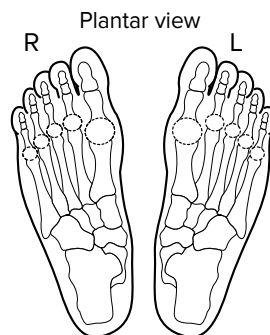
**Extensions to sulcus** (optional - for changing defaults) More options on 2<sup>nd</sup> page

- |  |                  |   |                       |
|--|------------------|---|-----------------------|
|  |                  |   | <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 |

**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			