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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

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

Refurbishment

Covering Refurbishment
(Replace all coverings and pads & cushions)



Bilateral
(Asymmetrical)
Right Only
Left Only

Complete Refurbishment
(Replace all coverings, pads & cushions, frame fillers and extrinsic posts)

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

Optimization

Fit Orthosis to submitted: Tracing Insoles Shoes

Order Instructions

COMMON MODIFICATIONS

Reduce Bulk
Narrow Devices
Lower Arch
Raise Arch

FOR FURTHER MODIFICATIONS PLEASE SELECT SPECIFICS ON PAGE 2 OF 2

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

Rearfoot posting (optional - for changing defaults)

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

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

	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
			METATARSAL HEAD
	Met balance pad (select all that apply)	R	L














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			