

Ph # (512) 295-2124

Fax # (512) 295-2309

Toll Free # (866) 305-FOOT (3668)

Patient _____ WT. _____ M/F Age _____ Shoe Size _____
Last Name First Name (IMPORTANT)

Supplies: RX Forms Mailing Labels Boxes

RUSH

Date Needed In Office
/ /

*** STANDARD**

FASHION

SPORTSFLEX

ACCOMMODATIVE*

- Low Bulk (1.5)
- Normal Width
- Medium Arch
- Semi-Rigid
- Extrinsic RF Post

- ULB or Hole
- Narrow Width
- Medium Arch Ht.
- Flexible
- Intrinsic RF Post

- Low Bulk
- Normal Width
- High Arch
- Semi-Flex
- Intrinsic Neutral Shell
- Full Poron/Swirly Cover

DENSITY

- Soft
- Medium
- Firm

COVER

- 1/16" Plastizote 1/8" PPT
- 1/16" Plastizote w/ 1/16" PPT
- 1/8" Plastizote w/ 1/8" PPT

*(0° RF unless otherwise specified)

CHILDREN'S ORTHOTICS (All of these devices posted at 0° RF unless otherwise specified)

In-Toe (To promote IN-TOE GAIT)

UCBL (Hmflange, Hlflange Deep Heel Seat)

Robert Whitmans (Hmflange, Deep Seat)

Out-Toe (To promote OUT-TOE GAIT)

Schaffer (Hmflange, Deep Heel Seat)

FOREFOOT

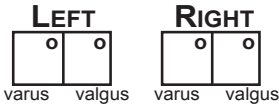
REARFOOT

MOTION GRINDOFF

OTHER POSTING OPTIONS

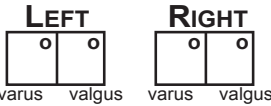
* Intrinsic (To Casts)

Extrinsic



* Extrinsic (4°/4° varus)

Intrinsic



(Standard 4°/4°)



POST LENGTH

* Normal Short Long

- Medial Skive _____ mm _____ mm
L R
- Cast Inversion _____ ° _____ °
L R
- Compressible RF Post (extra charge)

DESIGN YOUR OWN ORTHOTIC

MODIFICATIONS

DOCTOR'S NOTES

- Bulk:** Low Bulk (1.5) ULB (.8) Hole
- Width:** Normal Narrow Wide X-Wide
- Arch Ht.:** Medium (50% of cast arch ht.) Low (35%)
 High (75%) To Casts (100%)
- Rigidity:** Semi-Rigid Rigid (Almost no flexibility)
 Flexible High Flex (Geriatric)

- High Medial Flange R L
- High Lat. Flange R L
- Heel Lift _____ mm R L
- Heel Spur Accom. R L
- Plantar Fascia Groove R L
- 1st MPJ Cut Out R L
- Deep Heel Cup R L
- Met Raise (Integrated Into Device) R L

TOP COVER INSTRUCTIONS / PADDING

SPECIAL PADDING

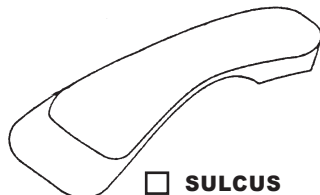
- MATERIAL** SWIRLY (Circle One: Boy-Male / Girl-Female)
 SPENCO Naugahyde Only Leather Poron
 Naug/foam Laminate Ultrahyde Plastizote

THICKNESS 1/16" 1/8" other _____ Pad Ext. Only **SHOE SIZE** _____

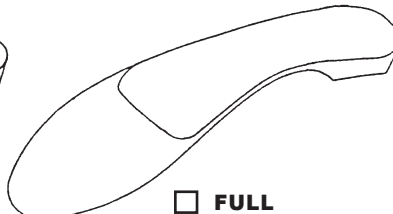
COLOR Black Blue



MET



SULCUS



FULL

- Met pad (2-4) R L
- Met bar (1-5) R L
- Morton's Ext. R L
- Reverse Morton's Ext. R L
- Heel Cushion R L
- Heel Spur Pad R L
- Dancer's Pad R L