

Doctor: _____

Date: _____

Pt. Last Name: _____ First: _____ #: _____

Age _____ Sex _____ Weight _____ Height _____ Shoe Size _____

Shoe Type(s) _____ Heel Height _____

Diagnosis: _____

PLEASE CHECK APPROPRIATE BOXES: # of Orthotics: One Pair 2 Identical Pairs 2 Different Pairs

White Polypropylene 1

- 3/16" Polypropylene (semi-rigid)
- 5/32" Polypropylene (semi-flex)
- 1/8" Polypropylene (Flex)

Black Acetal (carbon like material with 100% memory) 2

- 1/16" Acetal (super-flex)
- 3/32" Acetal (flex)
- 1/8" Acetal (semi-flex)

Graphite 3

- Flex Semi-Rigid
- Rigid Ultra-Rigid

Dress Device 4

- 1"-2" Heel Height
- 2" or Higher Heel

- Graphite Polypro 1/8"
- Rigid Semi-Rigid Flex

Cork 5

- Thermo Cork (firm) Birk. Cork (soft)

Polypro with Plantar Fill 7

- | | |
|-------------------------------------|---------------------------------|
| <u>Shell:</u> | <u>Plantar Fill:</u> |
| <input type="checkbox"/> 1/16" Poly | <input type="checkbox"/> Soft |
| <input type="checkbox"/> 1/8" Poly | <input type="checkbox"/> Medium |
| <input type="checkbox"/> 3/16" Poly | <input type="checkbox"/> Firm |

Children's Devices 8

- UCBL (Promotes Vertical Gait)
- Toe Out (Promotes Out-Toeing)
- Toe In (Promotes In-Toeing)

Unless Specified, All Negative Cast Balanced to Perpendicular 9

- Correction: Left Right
- Varus _____ Varus _____
- Valgus _____ Valgus _____

Medial Plaster Arch Fill 10

- Use Lab Discretion Same as Cast
- (circle one) 1 2 3 4 5 6 7 8 9 10
- Aggressive Normal Passive

Posting Instructions 11

- Use Lab Discretion No Post

Extrinsic Rearfoot Post

- Crepe Unibody
- Left Right
- Inversion _____ Inversion _____
- Motion _____ Motion _____

Extrinsic Forefoot Post

- Left Right
- Varus _____ Varus _____
- Valgus _____ Valgus _____

Grinding Instructions 12

- Use Lab Discretion
- Narrow Normal Wide

Heel Cup Depth 13

- Use Lab Discretion
- _____ mm

Extensions / Top Covers 14

Length of device: Mets Sulcus Full

Top Covers Thickness (Default: Black Poron)

- | | | | |
|---|-------------------------------|-------|-------------------|
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Only | 1/16" | 1/8" |
| <input type="checkbox"/> Leather (perf) | <input type="checkbox"/> Only | 1/16" | 1/8" |
| <input type="checkbox"/> Ultra Suede | <input type="checkbox"/> Only | 1/16" | 1/8" |
| <input type="checkbox"/> Topper | <input type="checkbox"/> 1/8" | | |
| <input type="checkbox"/> Neoprene | <input type="checkbox"/> 1/8" | | |
| <input type="checkbox"/> X-static | <input type="checkbox"/> 1/8" | 1/16" | |
| EVA | | 1/8" | 1/16" Color _____ |

Additional Cushioning: Thickness: _____

Device Only Distal of Device Heel to Toe

Black Poron Special Poron Plastazote Soft EVA

Accommodations 15

- A. High Medial Flange
 - Cork Rigid
 - Right Left
- B. High Lateral Flange
 - Right Left
- C. Heel Lift
 - _____mm R _____mm L
- D. Heel Pads
 - Right Left
- E. Heel Spur Pads (Horseshoe)
 - Right Left
- F. Met Pads
 - Small Medium Large
 - Right Left
- G. Morton's Extension
 - Soft Firm Rigid
 - Right Left
- H. Plantar Fascia Groove - In Shell:
 - Right Left yes no
- I. Pocket Met Heads } **Check One**
 - Channel Accommodation } **One**
 - Right 1st 2nd 3rd 4th 5th
 - Left 1st 2nd 3rd 4th 5th
- J. Arch Pad 1/8" Left Right



Stored Digitally

Special Instructions/Adjustment