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WORK ORDER

Doctor's Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 Patient's Last Name _____ First Name _____
 Age _____ Sex _____ Weight _____ Height _____ Shoe Size _____
 Shoe Type _____ Heel Height _____
 Diagnosis _____ Date Required (\$25 overnight shipping may apply) _____

PLEASE CHECK APPROPRIATE BOXES

White Polypropylene 1

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

Image Graphite 2

- Rigid Semi-Rigid Flex

Dress Devices 3

- 1"-2" Heel Height
- 2" or Higher Heel
- Graphite Polypro 1/8"
- Rigid Semi-Rigid Flex

Polypropylene Heel Hooks 4

- 1/8" Heel Hook 1/16" Heel Hook
- Add Plantar Shell Filler

Plastizote Diabetic Devices 5

- Hard Medium Soft

Polypro with Plantar Fill 6

- | | |
|-------------------------------------|---------------------------------|
| Shell: | Plantar Fill: |
| <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 |

Childrens Devices 7

- UCBL (Promotes Vertical Gait)
- Toe Out (Promotes Outtoeing)
- Toe In (Promotes Intoeing)

All Negative Cast Will Be Balanced to Perpendicular Unless Otherwise Specified 8

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

Medial Plaster Arch Fill 9

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

Posting Instructions 10

- Use Lab Discretion No Post

Extrinsic Rearfoot Post

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

Extrinsic Forefoot Post

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

Grinding Instructions 11

- Use Lab Discretion
- Narrow Normal Wide

Heel Cup Depth 12

- Use Lab Discretion
- _____ mm

Extensions / Top Covers 13

- | | |
|--|--------------------------------|
| Material | Thickness |
| <input type="checkbox"/> Black Poron | <input type="checkbox"/> 1/16" |
| <input type="checkbox"/> Pink Plastizote | <input type="checkbox"/> 1/8" |
| <input type="checkbox"/> Special Poron | <input type="checkbox"/> 3/16" |
| <input type="checkbox"/> Soft EVA | <input type="checkbox"/> 1/4" |

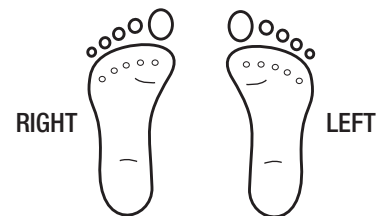
Top Covers

- Vinyl On Device Only
- Leather Distal of Device to Sulcus
- Im. Leather Distal of Device to Toes
- Ultra Suede Cover Device to Sulcus
- Neoprene Cover Device to Toes
- Cloth/Foam No Top Cover

Add Bottom Cover

Accommodations 14

- (A) High Medial Flange
 - Right Left
- (B) High Lateral Flange
 - Right Left
- (C) Heel Lift
 - _____mm R _____mm L
- (D) Heel Pads
 - Right Left
- (E) Heel Spur Pads
 - Right Left
- (F) Met Pads
 - Small Medium Large
 - Right Left
- (G) Morton's Extension
 - Soft Firm Rigid
 - Right Left
- (H) Plantar Fascia Groove
 - Right Left
- (I) Pocket Met Heads Channel Accommodation } *Check One*
 - Right 1st 2nd 3rd 4th 5th
 - Left 1st 2nd 3rd 4th 5th



- Return Positive Cast
- Store Cast For 6 Months

Special Instructions/Adjustment Request: