

ACCOUNT INFO

Account #: _____ Name: _____ PO# / MR#: _____
 Shipping address: _____ City: _____ State: _____ Zip: _____

PATIENT INFO

Last name: _____ First name: _____
 Age/DOB: _____ Weight (Required): _____ Height: _____
 Male Female
 Shoe size (Required): _____ Shoe width: _____

ORDER INFO

3-day rush + 2-day shipping Make _____ additional pairs
 Prior Rx: # _____
 Ship to patient (please provide address)
 Left only Right only

REFURBISHMENT/ADJUSTMENT INSTRUCTIONS

Recover with same Recover with changes

SHELL MODIFICATIONS

<input type="checkbox"/> Redo heel posting	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R	<input type="checkbox"/> Raise arch _____ mm (Min. 3mm)	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R
<input type="checkbox"/> Redo forefoot posting	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R	<input type="checkbox"/> Lower arch _____ mm (Min. 3mm)	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R
<input type="checkbox"/> Remove heel posting	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R	<input type="checkbox"/> Widen shell _____ mm	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R
<input type="checkbox"/> Remove forefoot posting	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R	<input type="checkbox"/> Narrow shell _____ mm	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R
<input type="checkbox"/> Shorten extension _____ mm OR to shoe size _____	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R	<input type="checkbox"/> Shorten shell _____ mm	<input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R

Other instructions: _____

*Please make selections below if different than original order

Top cover length and material

No top cover Vinyl Charcoal Dark brown Gray-tan Blue-gray Leather (black)
 3/4 Neoprene 1/16" (1.5mm) 1/8" (3.0mm) Microsuede Black Gray
 To sulcus Firm EVA 1/16" (1.5mm) 1/8" (3.0mm) Soft EVA 1/16" (1.5mm) 1/8" (3.0mm)
 Heel to toe

For Heel to toe and To sulcus top cover lengths, a cushion or extension layer is required in forefoot (except for 1/8" neoprene & 1/8" Firm or Soft EVA)

X-Guard (bottom cover)

Standard Sulcus Full Complete
Standard on Prescription Cmft.

Cushion

3/4 P-Foam 1/16" (1.5mm) 1/8" (3.0mm)
 To sulcus Soft EVA 1/16" (1.5mm) 1/8" (3.0mm)
 Heel to toe Firm EVA 1/16" (1.5mm) 1/8" (3.0mm)

Extension

Full P-Foam 1/16" (1.5mm) 1/8" (3.0mm)
 Sulcus Soft EVA 1/16" (1.5mm) 1/8" (3.0mm)
 Firm EVA 1/16" (1.5mm) 1/8" (3.0mm)

ORTHOTIC OPTIONS

= Bilateral

* = Unavailable with Polypropylene or NCV shell/foundation

***Below "in shell" options may require an order correction remake.**

Posting	Heel	Metatarsal	Forefoot																														
<p>Heel post</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Integrated (Poly only)</p> <table border="1"> <tr> <td>Left</td> <td>Right</td> </tr> <tr> <td>Varus _____</td> <td>Varus _____</td> </tr> <tr> <td>Vertical _____</td> <td>Vertical _____</td> </tr> <tr> <td>Valgus _____</td> <td>Valgus _____</td> </tr> </table> <p>Max. of 4" on NCV shell and Integrated post</p> <p>Heel lift (requires heel post)</p> <table border="1"> <tr> <td>Left</td> <td>Right</td> </tr> <tr> <td>1/8" (3.0mm)</td> <td>1/8" (3.0mm)</td> </tr> <tr> <td>2/8" (6.0mm)</td> <td>2/8" (6.0mm)</td> </tr> <tr> <td>3/8" (9.0mm)</td> <td>3/8" (9.0mm)</td> </tr> <tr> <td>4/8" (12.0mm)</td> <td>4/8" (12.0mm)</td> </tr> </table> <p>Maximum of 2/8" (6.0mm) on NCV</p> <p>Forefoot post</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Integrated (Poly only)</p> <table border="1"> <tr> <td>Left</td> <td>Right</td> </tr> <tr> <td><input type="checkbox"/> Extrinsic</td> <td><input type="checkbox"/> Extrinsic</td> </tr> <tr> <td><input type="checkbox"/> Intrinsic</td> <td><input type="checkbox"/> Intrinsic</td> </tr> <tr> <td>Varus _____</td> <td>Varus _____</td> </tr> <tr> <td>Vertical _____</td> <td>Vertical _____</td> </tr> <tr> <td>Valgus _____</td> <td>Valgus _____</td> </tr> </table> <p>Max. of 6" on Integrated post</p>	Left	Right	Varus _____	Varus _____	Vertical _____	Vertical _____	Valgus _____	Valgus _____	Left	Right	1/8" (3.0mm)	1/8" (3.0mm)	2/8" (6.0mm)	2/8" (6.0mm)	3/8" (9.0mm)	3/8" (9.0mm)	4/8" (12.0mm)	4/8" (12.0mm)	Left	Right	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Intrinsic	Varus _____	Varus _____	Vertical _____	Vertical _____	Valgus _____	Valgus _____	<p>Deep heel cup</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Heel cushion</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Donut cushion</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Medial heel skive</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Horseshoe cushion</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Medial accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> Pad</p> <p>Arch/midfoot (For Prescription Comfort, <i>In shell</i> accommodation is in foam base)</p> <p>High medial overlay</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Scaphoid pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Flatten plantar medial</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Plantar fascia accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> In cushion</p> <p>High medial (in shell) *</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Base of 5th/styloid</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> Pad</p> <p>Cuboid accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> Pad</p> <p>Navicular accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> Pad</p> <p>High lateral (in shell) *</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p>	<p>Cutout</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p> <p><input type="checkbox"/> In shell <input type="checkbox"/> In cushion</p> <p><i>In shell</i> unavailable with Polypropylene. For Prescription Comfort, <i>In shell</i> is in foam base.</p> <p>Met pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Soft <input type="checkbox"/> Firm</p> <p>Full met pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Met raise (in shell) *</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Dancer's pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p> <p>Neuroma pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 1 2 3 4</p> <p>Shaft pad</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>1 2 3 4 5 1 2 3 4 5</p>	<p>Forefoot wedge</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Varus <input type="checkbox"/> Valgus</p> <p>Morton's extension</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><input type="checkbox"/> In shell * <input type="checkbox"/> In cushion</p> <p>Rev. Morton's extension</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Cutout in pad only</p> <p>Hallux accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Toe crest accom.</p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Dorsal view</p> <p>L R</p>
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NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____