

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: _____ Diagnosis: _____

ORDER INFO

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

How to order: Choose ONE option from Northwest Select Orthotics™ OR Design your own orthotics using You Build Orthotics™

NORTHWEST SELECT ORTHOTICS™ Choose ONE from Activity/use orthotics or Foot pain/pathology orthotics. Specs on reverse.

Activity/use orthotics

Athletic
 Low profile shoes
 Superglass Poly
 Standard / high profile shoes
 Superglass Poly
 Standard / high profile shoes + lateral stability
 Superglass Poly

Accommodative
 Control + comfort
 Superglass Poly
 Comfort
 Superglass

Dress
 Heel below 1.5"
 Superglass Poly
 Heel above 1.5" (Specify height)
 Superglass

Everyday Superglass Poly
Child Superglass
Ski/skate/cycle Superglass

Foot pain/pathology orthotics

AAF/PTD
 Superglass Poly

Plantar fasciitis
 Superglass Poly

Heel spurs
 Superglass Poly

Sesamoiditis/hallux limitus
 Superglass Poly

Lateral ankle instability/peroneal tendonitis
 Superglass Poly

Amputee (Please provide tracing)
 Prescription Cmft. Poly

Gait plate (Superglass)
 Choose one:
 Child Adult
 Choose one:
 Promote out-toe Promote in-toe

YOU BUILD ORTHOTICS™ Design the perfect custom orthotics. Rx forms with missing information will automatically revert to underlined options.

Shell/foundation

Less rigid $\xrightarrow{\hspace{10em}}$ More rigid

Superglass®
 Ultra-thin graphite & fiberglass composite. Flex Everyday Performance®

Polypropylene
 Durable polypropylene. NWPL selects thickness based on weight. Semi-flexible Semi-rigid Rigid

NCV®
 Carbon fiber-reinforced engineered nylon. (< 250 lbs) Gentle Firm

Prescription Comfort® (PC)
 Comfort that maintains its shape. Multi-Density <250 lbs Composite

Arch height (shell)

Very high (Very intimate to arch)
 High (Intimate to arch)
 Standard
 Low (Less intimate to arch)

Top cover length and material

No top cover
 3/4
 To sulcus
 Heel to toe

Vinyl Charcoal Dark brown Gray-tan Blue-gray Leather (black)

Neoprene 1/16" (1.5mm) 1/8" (3.0mm) Microsuede Black Gray

Firm EVA 1/16" (1.5mm) 1/8" (3.0mm) Soft EVA 1/16" (1.5mm) 1/8" (3.0mm)

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
 To sulcus
 Heel to toe

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

Extension

Full
 Sulcus

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

SPECS FOR NORTHWEST SELECT ORTHOTICS™

Activity/use orthotics

Everyday	Superglass Everyday shell OR Polypropylene Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / X-Guard (standard)
Dress - Heel below 1.5"	Superglass Everyday shell OR Polypropylene Semi-rigid shell / black microsuede top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) / X-Guard (standard)
Dress - Heel above 1.5"	Superglass High Heel shell / leather top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) ***Please specify heel height***
Athletic - Low profile shoes	Superglass Performance shell OR Polypropylene Rigid shell / charcoal vinyl top cover (3/4-length) / X-Guard (standard)
Athletic - Standard / high profile shoes	Superglass Performance shell OR Polypropylene Rigid shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / X-Guard (standard)
Athletic - Standard / high profile shoes + stability	Superglass Performance shell OR Polypropylene Rigid shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel post (vertical)# / X-Guard (standard)
Accommodative - Control + comfort	Prescription Comfort Composite OR Polypropylene Semi-flexible / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Accommodative - Comfort	Prescription Comfort Multi-Density / 1/16" soft EVA top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe)
Ski/skate/cycle	Superglass Full-Length shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA cushion (heel to toe) ***Specify sport & send liner or tracing of liner***
Child	Superglass Everyday shell (child design) / no top cover / high medial / high lateral


Foot pain/pathology orthotics

AAF/PTTD	Superglass Performance shell (AAF/PTTD design) OR Polypropylene Rigid shell (AAF/PTTD design) / charcoal vinyl top cover (3/4-length) / low arch height / medial heel skive / deep heel cup / extrinsic forefoot post (3 degrees varus)# / heel post (vertical)# / high medial overlay / lateral clip (Superglass only)
Plantar fasciitis	Superglass Everyday shell OR Polypropylene Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / heel post (vertical)# / medial heel skive / deep heel cup / high arch height / X-Guard (standard)
Sesamoiditis/hallux limitus	Superglass Everyday shell OR Polypropylene Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" firm EVA extension (full) / Reverse Morton's extension
Heel spurs	Superglass Everyday shell OR Polypropylene Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / heel cushion
Gait plate - child	Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover
Gait plate - adult	Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)
Lateral ankle instability/peroneal tendonitis	Superglass Everyday shell (lateral ankle instability/peroneal tendonitis design) OR Polypropylene Semi-rigid shell (lateral ankle instability/peroneal tendonitis design) / charcoal vinyl top cover (3/4-length) / extrinsic forefoot post (3 degrees valgus)# / heel post - crepe (vertical, cut perpendicular to improve lateral stability)# / deep heel cup
Amputee	Prescription Comfort Composite (amputee design) OR Polypropylene Semi-rigid shell (amputee design) / 1/16" soft EVA top cover (heel to toe) / 1/16" firm EVA extension (full)

= Integrated posts standard on Polypropylene configurations

ORTHOTIC OPTIONS

⊕ = Bilateral * = Unavailable with Polypropylene or NCV shell/foundation

<h3>Posting</h3> <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 _____°	<h3>Heel</h3> <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>	<h3>Metatarsal</h3> <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>	<h3>Forefoot</h3> <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> <div style="text-align: center;">  <p>L Dorsal view R</p> </div>
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NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____