

**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 No rush on Poly  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  
 PC  Poly  
 Comfort  
 PC

**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)  
 PC  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 More rigid

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

Polypropylene (Poly)  
 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 (Unavailable on Poly)  
 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  3/4  
 Sulcus  Full  
 Complete (Required on PC)

**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**

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


# = Integrated posts standard on Polypropylene configurations

**Foot pain/pathology orthotics**

<b>AAF/PTTD</b>	Superglass Performance 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)
<b>Plantar fasciitis</b>	Superglass Everyday 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)
<b>Sesamoiditis/hallux limitus</b>	Superglass Everyday OR Polypropylene Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" Firm EVA extension (full) / Reverse Morton's extension
<b>Heel spurs</b>	Superglass Everyday 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
<b>Gait plate - child</b>	Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover
<b>Gait plate - adult</b>	Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)
<b>Lateral ankle instability/peroneal tendonitis</b>	Superglass Everyday OR Polypropylene Semi-rigid shell (lateral ankle instability 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
<b>Amputee</b>	Prescription Comfort Composite OR Polypropylene Semi-rigid shell (amputee design) / 1/16" soft EVA top cover (heel to toe) / 1/16" firm EVA extension (full) ***Please provide insole or tracing of insole AND weight-bearing tracing of the foot***

**ORTHOTIC OPTIONS**

⊗ = Bilateral \* = Unavailable with Polypropylene or NCV shell/foundation

<p><b>Posting</b></p> <p><b>Heel post</b></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><b>Heel lift (requires heel post)</b></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><b>Forefoot post</b></p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Integrated (Poly only)</p> <p>Standard forefoot post unavailable with poly</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><b>Heel</b></p> <p><b>Deep heel cup</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Heel cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Donut cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Medial heel skive</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Horseshoe cushion</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Medial accom.</b></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><b>Arch/midfoot</b> (For Prescription Comfort, <i>In shell</i> accommodation is in foam base)</p> <p><b>High medial overlay</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Scaphoid pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Flatten plantar medial</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Unavailable with Polypropylene</p> <p><b>Plantar fascia accom.</b></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><b>High medial (in shell)*</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Base of 5th/styloid</b></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><b>Cuboid accom.</b></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><b>Navicular accom.</b></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><b>High lateral (in shell)*</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p>	<p><b>Metatarsal</b></p> <p><b>Cutout</b></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><b>Met pad</b></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><b>Full met pad</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Met raise (in shell)</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Unavailable with NCV</p> <p><b>Dancer's pad</b></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><b>Neuroma pad</b></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><b>Shaft pad</b></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><b>Forefoot</b></p> <p><b>Forefoot wedge</b></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><b>Morton's extension</b></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><b>Rev. Morton's extension</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p>Cutout in pad only</p> <p><b>Hallux accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p><b>Toe crest accom.</b></p> <p><input type="checkbox"/> L <input type="checkbox"/> B/L <input type="checkbox"/> R</p> <p></p> <p>L Dorsal view R</p>
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**NOTES AND SIGNATURE**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_