

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 <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Standard / high profile shoes <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Standard / high profile shoes + lateral stability <input type="checkbox"/> Superglass <input type="checkbox"/> Poly	Accommodative Control + comfort <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Comfort <input type="checkbox"/> Superglass Everyday <input type="checkbox"/> Superglass <input type="checkbox"/> Poly	Dress Heel below 1.5" <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Heel above 1.5" (Specify height) <input type="checkbox"/> Superglass Child <input type="checkbox"/> Superglass	Ski/skate/cycle <input type="checkbox"/> Superglass
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Foot pain/pathology orthotics

AAF/PTD <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Plantar fasciitis <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Heel spurs <input type="checkbox"/> Superglass <input type="checkbox"/> Poly	Sesamoiditis/hallux limitus <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Lateral ankle instability/peroneal tendonitis <input type="checkbox"/> Superglass <input type="checkbox"/> Poly Amputee (Please provide tracing) <input type="checkbox"/> Prescription Cmft. <input type="checkbox"/> Poly	Gait plate (Superglass) Choose one: <input type="checkbox"/> Child <input type="checkbox"/> Adult Choose one: <input type="checkbox"/> Promote out-toe <input type="checkbox"/> Promote in-toe
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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 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 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)

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> <th>Left</th> <th>Right</th> </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> <th>Left</th> <th>Right</th> </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> <th>Left</th> <th>Right</th> </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>⊕ ⊕/⊕ ⊕</p> <p>Heel cushion</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Donut cushion</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Medial heel skive</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Horseshoe cushion</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Medial accom.</p> <p>⊕ ⊕/⊕ ⊕</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>⊕ ⊕/⊕ ⊕</p> <p>Scaphoid pad</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Flatten plantar medial</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Plantar fascia accom.</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> In shell* <input type="checkbox"/> In cushion</p> <p>High medial (in shell)*</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Base of 5th/styloid</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> In shell* <input type="checkbox"/> Pad</p> <p>Cuboid accom.</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> In shell* <input type="checkbox"/> Pad</p> <p>Navicular accom.</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> In shell* <input type="checkbox"/> Pad</p> <p>High lateral (in shell)*</p> <p>⊕ ⊕/⊕ ⊕</p>	<h3>Metatarsal</h3> <p>Cutout</p> <p>⊕ ⊕/⊕ ⊕</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>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> Soft <input type="checkbox"/> Firm</p> <p>Full met pad</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Met raise (in shell)*</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Dancer's pad</p> <p>⊕ ⊕/⊕ ⊕</p> <p>1 2 3 4 5 1 2 3 4 5</p> <p>Neuroma pad</p> <p>⊕ ⊕/⊕ ⊕</p> <p>1 2 3 4 1 2 3 4</p> <p>Shaft pad</p> <p>⊕ ⊕/⊕ ⊕</p> <p>1 2 3 4 5 1 2 3 4 5</p>	<h3>Forefoot</h3> <p>Forefoot wedge</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> Varus <input type="checkbox"/> Valgus</p> <p>Morton's extension</p> <p>⊕ ⊕/⊕ ⊕</p> <p><input type="checkbox"/> In shell* <input type="checkbox"/> In cushion</p> <p>Rev. Morton's extension</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Cutout in pad only</p> <p>Hallux accom.</p> <p>⊕ ⊕/⊕ ⊕</p> <p>Toe crest accom.</p> <p>⊕ ⊕/⊕ ⊕</p> <div style="text-align: center;"> <p>Dorsal view</p> </div>
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NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____