

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

Make one selection from **NORTHWEST SELECT ORTHOTICS™** or design your own orthotics using **YOU BUILD ORTHOTICS™**

NORTHWEST SELECT ORTHOTICS™ Select one preconfigured design based on activity/use or foot pain/pathology.

Activity/use

Everyday Superglass Polypropylene
Superglass Everyday OR Poly 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 Polypropylene
Superglass Everyday OR Poly Semi-rigid shell / black microsuede top cover (to sulcus) / 1/16" P-Foam extension (sulcus-length) / X-Guard (standard)

Athletic - Low profile shoes Superglass Polypropylene
Superglass Performance OR Poly Rigid shell / charcoal vinyl top cover (3/4-length) / X-Guard (standard)

Athletic - Standard shoes Superglass Polypropylene
Superglass Performance OR Poly Rigid shell / 1/16" neoprene top cover (heel to toe) / 1/16" firm EVA extension (full) / deep heel cup / X-Guard (standard)

Athletic - Standard shoes + stability Superglass Polypropylene
Superglass Performance OR Poly 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 Polypropylene
Prescription Comfort (PC) Composite OR Poly Semi-flexible / charcoal vinyl top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe) / 1/8" foam base (PC only) / X-Guard (complete)

Accommodative - Comfort Prescription Comfort
Prescription Comfort (PC) Multi-Density / 1/16" soft EVA top cover (heel to toe) / 1/16" P-Foam cushion (heel to toe) / 1/8" foam base (PC only) / X-Guard (complete)

Ski/skate/cycle Superglass
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***

Child Superglass
Superglass Everyday shell (child design) / no top cover / high medial / high lateral

Foot pain/pathology

AAF/PTTD Superglass Polypropylene
Superglass Performance OR Poly 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 Polypropylene
Superglass Everyday OR Poly 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 Polypropylene
Superglass Everyday OR Poly Semi-rigid shell / charcoal vinyl top cover (heel to toe) / 1/16" Firm EVA extension (full) / Reverse Morton's extension

Heel spurs Superglass Polypropylene
Superglass Everyday OR Poly 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) Promote in-toeing Promote out-toeing
Superglass Everyday shell (gait plate design) / high medial / high lateral / no top cover

Gait plate - adult (Superglass) Promote in-toeing Promote out-toeing
Superglass Everyday shell (gait plate design) / charcoal vinyl top cover (3/4-length)

Lateral ankle instability/peroneal tendonitis Superglass Polypropylene
Superglass Everyday OR Poly 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

Amputee Prescription Comfort Polypropylene
Prescription Comfort Composite OR Poly Semi-rigid shell (amputee design) / 1/16" soft EVA top cover (heel to toe) / 1/16" firm EVA extension (full) / 1/8" foam base (PC only)
Please provide insole or tracing of insole AND weight-bearing tracing of the foot
= Integrated posts standard on Polypropylene configurations

Use the Northwest Select Orthotic configuration indicated above, but with additions/substitutions indicated in You Build Orthotics section below.

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	Arch height (shell)
Superglass® <small>Ultra-thin graphite & fiberglass composite.</small>		<input type="checkbox"/> Flex <input type="checkbox"/> <u>Everyday</u> <input type="checkbox"/> Performance®	<input type="checkbox"/> Very high (Very intimate to arch)
Polypropylene (Poly) <small>Durable polypropylene. NWPL selects thickness based on weight.</small>		<input type="checkbox"/> Semi-flexible <input type="checkbox"/> Semi-rigid <input type="checkbox"/> Rigid	<input type="checkbox"/> High (Intimate to arch)
NCV® <small>Carbon fiber-reinforced engineered nylon. (< 250 lbs)</small>		<input type="checkbox"/> Gentle <input type="checkbox"/> Firm	<input type="checkbox"/> Standard
Prescription Comfort® (PC) <small>Comfort that maintains its shape.</small>	<input type="checkbox"/> Multi-Density <250 lbs <input type="checkbox"/> Composite		<input type="checkbox"/> Low (Less intimate to arch)

Top cover length and material

X-Guard (bottom cover)

- 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)

- Standard
- Full
- Complete (Required on PC)

Cushion

Extension

- 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)

- 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)

ORTHOTIC OPTIONS

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

Posting

Heel

Metatarsal

Forefoot

Heel post

Standard Integrated (Poly only)

Left	Right
Varus _____	Varus _____
Vertical _____	Vertical _____
Valgus _____	Valgus _____

Max. of 4° on NCV shell and Integrated post

Heel lift (requires heel post)

Left	Right
1/8" (3.0mm)	1/8" (3.0mm)
2/8" (6.0mm)	2/8" (6.0mm)

Maximum of 2/8" (6.0mm) on NCV
Specify other heights in Notes

Forefoot post

Standard Integrated (Poly only)

Standard forefoot post unavailable with poly

Left	Right
<input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic
Varus _____	Varus _____
Vertical _____	Vertical _____
Valgus _____	Valgus _____

Max. of 6° on Integrated post

Deep heel cup L B/L R

Medial heel skive L B/L R

Heel cushion L B/L R

Horseshoe cushion L B/L R

Donut cushion L B/L R

Arch/midfoot (For Prescription Comfort, *In shell* accommodation is in foam base)

High medial overlay L B/L R

Base of 5th/styloid L B/L R

In shell * Pad

Scaphoid pad L B/L R

Cuboid accom. L B/L R

In shell * Pad

Plantar fascia accom. L B/L R

In shell * In cushion

Navicular accom. L B/L R

In shell * Pad

High medial (in shell) * L B/L R

High lateral (in shell) * L B/L R

Cutout L B/L R

1 2 3 4 5 1 2 3 4 5

In shell In cushion

In shell unavailable with Polypropylene. For Prescription Comfort, *In shell* is in foam base.

Met pad L B/L R

Full met pad L B/L R

Met raise (in shell) L B/L R

Unavailable with NCV

Dancer's pad L B/L R

1 2 3 4 5 1 2 3 4 5

Neuroma pad L B/L R

1 2 3 4 1 2 3 4

Forefoot wedge L B/L R

Varus Valgus

Morton's extension L B/L R

In shell * In cushion

Rev. Morton's extension L B/L R

Cutout in pad only



NOTES AND SIGNATURE

Signature: _____

Print name: _____

Date: _____