

Introducing Premier 3D



PLACE ACCOUNT LABEL HERE

P.O. Number

PATIENT INFORMATION

Name Male Female
 Shoe Size* Date of Birth Weight

Shoes / Insoles Enclosed

Previous Rx# Date

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE.

Street Address

City State & ZIP

Physician's Signature

Heel Depth <input type="checkbox"/> X-Deep, 18mm <input type="checkbox"/> Deep, 15 mm <input type="checkbox"/> Standard, 12 mm <input type="checkbox"/> Low, 8 mm <input type="checkbox"/> X-Low, 5 mm	Shell Width <input type="checkbox"/> Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> Hourglass	1st Met Cut Out <input type="checkbox"/> L <input type="checkbox"/> R
		K Wedge <input type="checkbox"/> L <input type="checkbox"/> R

POSTING Forefoot <input type="checkbox"/> No Post <input type="checkbox"/> Intrinsic <input type="checkbox"/> Tip Posts <input type="checkbox"/> Extrinsic <input type="checkbox"/> To Casts L <input type="text"/> varus / valgus R <input type="text"/> varus / valgus	Runner's Wedge L <input type="text"/> varus / valgus R <input type="text"/> varus / valgus	Rearfoot <input type="checkbox"/> No Post <input type="checkbox"/> To Vertical <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic L <input type="text"/> varus / valgus R <input type="text"/> varus / valgus
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ACCOMMODATIONS

Heel Pad <input type="checkbox"/> L <input type="checkbox"/> R 	Horseshoe Pad <input type="checkbox"/> L <input type="checkbox"/> R 	Met Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	Met Bar <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	Scaphoid Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
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TOP COVER (choose 1) <input type="checkbox"/> Leatherette, Cherry Red <input type="checkbox"/> Leatherette, Saddle Brown <input type="checkbox"/> Leatherette, Onyx Black <input type="checkbox"/> Leatherette, Smoke Gray <input type="checkbox"/> Leatherette, Vintage Burgundy <input type="checkbox"/> Leather	<input type="checkbox"/> Neoprene 1/16" <input type="checkbox"/> Neoprene 1/8" <input type="checkbox"/> Plastizote <input type="checkbox"/> EVA 1/16" <input type="checkbox"/> EVA 1/8"	Top Cover Length <input type="checkbox"/> To Toes <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Mets
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Lab Standards apply when order form is incomplete

ORDER OPTIONS

ADDITIONAL CHARGES WILL APPLY

Return Positive Molds **Mail-to-Patient**
 INCLUDE SHIPPING ADDRESS (TO THE LEFT)

OPTIONAL UPGRADES

ADDITIONAL CHARGES WILL APPLY IN THIS COLUMN. SEE CURRENT PRICE LIST.

A 3D PLATE **Shell Rigidity**
 Flexible Shadow
 Semi-Flexible
 Semi-Rigid
 Rigid

B OPTIONAL UPGRADE
ARCH REINFORCEMENT Standard Reduced Bulk

C OPTIONAL UPGRADE
ADDITIONAL ACCOMMODATIONS

Padding
 L R
 Soft 1/16" 3/16"
 Firm 1/8"

Cut Out
 L R
 1/16" 1/8" 3/16"

Channel
 L R
 1/16" 1/8" 3/16"

Padded Flange
 L R

Balance Pad L R
 Soft Firm
 1/16" 1/8" 3/16"

Dancer's Pad L R
 Soft Firm
 1/16" 1/8" 3/16"

Morton's Ext Pad L R
 Soft Firm
 1/16" 1/8" 3/16"

E OPTIONAL UPGRADE
UPGRADED TOP COVER Neoprene X-static® 1/8" Dri-Brelle®
 Private Label Top Cover

NOTES

Images are for visualization purposes only. Images not to scale.

**If shoes size is not supplied, any repair charges needed will be applied*

PLEASE SEND Barcode Labels Order Forms Other

Serve Others, Love Others