

P.O. Number

**PATIENT INFORMATION**

Name

Shoe Size\*   Male  Female

Date of Birth  Weight

Previous Rx#  Date

**ORDER OPTIONS**

ADDITIONAL CHARGES WILL APPLY

- SOLO Boxes
- US Mail Labels
- UPS Labels

- Mail-to-Patient**  
INCLUDE SHIPPING ADDRESS  
(TO THE RIGHT)

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

Street Address

City  State & ZIP

Physician's Signature

**3D PLATE** **Shell Rigidity**

- Flexible  Semi-Rigid
- Semi-Flexible  Rigid

**Heel Depth**

- X-Deep, 18mm
- Deep, 15 mm
- Standard, 12 mm
- Low, 8 mm
- X-Low, 5 mm

**Shell Width**

- Wide
- Standard
- Narrow
- Hourglass

**1st Met Cut Out**

L  R

**K Wedge**

L  R

**Runner's Wedge**

L  varus / valgus

R  varus / valgus

**Rearfoot Posting**

- No Post  To Vertical
- Intrinsic  Extrinsic

L  varus / valgus R  varus / valgus

**Heel Lift**  Korex  Crepe  In Increments

L  Inches R  Inches

**ACCOMMODATIONS**

<b>Heel Pad</b>	<b>Horseshoe Pad</b>	<b>Met Pad</b>	<b>Met Bar</b>	<b>Scaphoid Pad</b>
<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R
		<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Soft <input type="checkbox"/> Firm
		<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/16"
		<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/8"
		<input type="checkbox"/> 3/16"	<input type="checkbox"/> 3/16"	<input type="checkbox"/> 3/16"

**TOP COVER** (choose 1)

- Leatherette, Onyx Black
- Leatherette, Smoke Gray
- Leatherette, Vintage Burgundy
- Leather
- SILPURE® Neoprene 1/16"
- SILPURE® Neoprene 1/8"
- Plastizote
- EVA 1/16"
- EVA 1/8"

**Top Cover Length**

- To Toes
- To Sulcus
- To Mets

**NOTES**

**B** OPTIONAL UPGRADE

**INTRINSIC HEEL PAD**  L  R

**ARCH REINFORCEMENT**  3D Printed

**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**  PAIHO® Bamboo 1/8"  Dri-Brelle®

Private Label Top Cover

**Lab Standards apply when order form is incomplete**  
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