

P.O. Number

PATIENT INFORMATION

Name
Shoe Size* ☐ Male ☐ Female

Date of Birth Weight

☐ Shoes/ Insoles Enclosed

Order Options

**ADDITIONAL
CHARGES
WILL APPLY**

- ☐ US Mail Labels (Qty 5)
☐ UPS Labels (Qty 5)

- ☐ **RUSH** - Next Business Day
☐ **3 Day RUSH** - 3 Business Days
☐ **OVERNIGHT SHIPPING**
(RUSH CHARGES DO NOT INCLUDE
OVERNIGHT SHIPPING)

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

SHIPPING INFORMATION IF SHIP TO PATIENT OR
LOCATION OTHER THAN THE ACCOUNT LABEL

Street Address

City State & ZIP

Physician's Signature

☐ Send Account Labels



Scan for order forms

PREVIOUS ORDER

Order #

Date

☐ Complete Refurbish

☐ Repost to Current Specs

☐ Add ☐ Change To

**FOREFOOT
POSTING**

☐ Intrinsic ☐ Tip Posts
☐ Extrinsic ☐ To Casts L R
Varus / Valgus Varus / Valgus

Runner's Wedge L R
Varus / Valgus Varus / Valgus

K Wedge (1st Ray Cutout) ☐ L ☐ R 1st Met Cut Out ☐ L ☐ R

☐ Add ☐ Change To

**REARFOOT
POSTING**

☐ Intrinsic ☐ Extrinsic
☐ To Vertical L R
Varus / Valgus Varus / Valgus

Heel Lift L R ☐ In Increments

PLATE MODIFICATIONS

Decrease Arch ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4"

Increase Arch ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4"

Decrease Heel Cup ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4"

Narrow Device ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4"

Shorten Device ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4"

NOTE: LAB STANDARDS APPLY WHEN ORDER FORM IS INCOMPLETE.

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

Notes

ADDITIONS

Arch Reinforcement ☐ Standard ☐ Reduced Bulk

Heel Pad ☐ L ☐ R ☐ Intrinsic Heel ☐ Padded Heel ☐ Horseshoe Pad

Met Pad ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Met Bar ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Scaphoid Pad ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Soft Flange ☐ L ☐ R Toe Filler ☐ L ☐ R Toe Crest ☐ L ☐ R

If not listed, please describe

PADDINGS

☐ As Original ☐ Change To

Padding Type ☐ Soft ☐ Firm

Padding Thickness ☐ 1/16" ☐ 1/8" ☐ 3/16"

Padding Length ☐ Heels to Mets ☐ Heels to Sulcus ☐ Heels to Toes
☐ Distal End to Sulcus ☐ Distal End to Toes

ACCOMMODATIONS

☐ As Original ☐ Change To

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

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. ☐ L ☐ R ☐ Soft ☐ Firm ☐ 1/16" ☐ 1/8" ☐ 3/16"

Location Left ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Right ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Marked in Cast

TOP COVERS

- ☐ Leatherette, Vintage Burgundy ☐ P-Cell
☐ Leatherette, Onyx Black ☐ EVA 1/16"
☐ Leatherette, Smoke Gray ☐ EVA 1/8"
☐ Neoprene 1/16" ☐ Leather
☐ Neoprene 1/8" ☐ Bamboo 1/8"

Top Cover Length

- ☐ To Toes *
☐ To Sulcus *
☐ To Mets
☐ No Cover



* Upgraded top cover charges apply