

ORDER FORM

* = required

Office Name: _____ **Address:** _____ **Identification:** _____

***Patient First Name:** _____ ***Patient Last Name:** _____

***Shoe Size/ Width:** _____ ***Weight:** _____ **DOB:** _____ ***Scale:** Male Female Junior
 (No half sizes)

PRODUCT OPTIONS:

- | | | | |
|------------------------|---------------------------|--------------------------|---------------------------|
| PERFORMANCE | SPORT SOFT SUPPORT | PERFORMANCE ULTRA | FASHION |
| SPORT ALL-ROUND | GERI-SOFT | SPORT ULTRA | FASHION ULTRA-SLIM |
| EASY-FIT | DIAB-A-SOFT | GAIT PLATE | |
| ECONO-FLEX | DIAB-A-FLEX | | |

MODIFICATIONS:

Please check and circle all the options that may apply:

SHELL OPTIONS

- | | | | |
|---|-------------------------------------|-------------------------------------|---|
| Device Top Cover Length <i>(Check one)</i> | Heel Seat <i>(Check one)</i> | Arch Fill <i>(Check one)</i> | Device Heel Width <i>(Check one)</i> |
| Met Length | Standard (3/8") | Standard | Standard |
| Sulcus Length | Semi (1/2") | More (less arch) | Narrower |
| Full Length | Deep (5/8") | Less (more arch) | Wider |

SHELL MODIFICATIONS

- | | | | | | |
|---------------------------------|--------------------|----------------------|--------------------------|-------------------------------|----------------------------|
| Rigid Morton's Extension | 1st Ray Cut | Kinetic Wedge | Medial Heel Skive | Plantar Fascial Groove | Lateral Heel Flange |
| L R B/L | L R B/L | L R B/L | L R B/L | L R B/L | L R B/L |

POSTING OPTIONS: *(Check and enter degree)*

- | | | |
|---|---|---|
| VaRus or ValGus | VaRus or ValGus | VaRus or ValGus |
| Intrinsic RF post: LEFT ____° RIGHT ____° | Extrinsic Fore-Foot: LEFT ____° RIGHT ____° | Extrinsic RF post: LEFT ____° RIGHT ____° |

- Heel Lift**
 L R B/L | 1/8" 2/8" 3/8" 4/8" 5/8" 6/8" 7/8" 8/8"

- EVA Arch Fill**
 L R B/L

ACCOMMODATIONS

- | | | | | | |
|-----------------------------|--------------------------|----------------------------|---------------------------------|-----------------------------|----------------------------|
| Dancer's Pad (3/16") | Heel Cushion | Heel Spur Pad | Met Pad Low (1/8") | Met Pad High (3/16") | |
| L R B/L | L R B/L | L R B/L | L R B/L | L R B/L | |
| Met Bar (1/8") | LA Pads (1/8") | Met Head Cut Out, 1 | Met Head Cut Out, 2 | Met Head Cut Out, 3 | Met Head Cut Out, 4 |
| L R B/L | L R B/L | L R B/L | L R B/L | L R B/L | L R B/L |
| Met Head Cut Out, 5 | Neuroma Pad, LEFT | Neuroma Pad, RIGHT | Morton's Extension (EVA) | Toe Crests | Widen Extension |
| L R B/L | 1 2 3 4 | 1 2 3 4 | L R B/L | L R B/L | 1/2" 1" |

CUSHIONING OPTIONS

- | | | | |
|-----------------------------------|------------------------------------|--------------------------------|---------------------------------|
| 1/16" Poron, entire device | 1/16" Poron, extension only | 1/16" Poron, shell only | 1/8" Poron entire device |
| L R B/L | L R B/L | L R B/L | L R B/L |

TOP COVERS

- | | | | | |
|-----------------------------|--|----------------------|---------------------------|--------------------------|
| Dark Blue Vinyl | 1/8" Pink Plastazote + 1/8" SRP | Tan Leather | 1/8" Black Spenco | 1/8" Green Spenco |
| 1/8" Pink Plastazote | 1/8" Black EVA | 1/8" Blue EVA | 1/16" Black Spenco | |

SHIPPING & HANDLING

- Handling**
(Check one)
- Standard** (10 business days)
Lab Rush (5 business days)

- Shipping**
(Check one)
- Ground**
2 Day Air
Overnight

NOTES