

1 PATIENT **2 PRESCRIBER** **3 ORDER INFO**

PATIENT NAME _____

ADDRESS _____

D.O.B. D / M / Y SEX M / F WEIGHT _____

FOOTWEAR TYPE _____ SHOE SIZE _____

PRESCRIBER _____

ADDRESS _____

PHONE _____

EMAIL _____

DATE D / M / Y

WO # _____

RUSH

POST TO PATIENT

REPEAT ORDER # _____

DUPLICATE (no change)

CHANGE (as marked)

4 DEVICE TYPE **5 OPTIONAL SPECS** **6 POSTING, ADDITIONS & MODS**

D Diabetic **RA** Rheumatoid Arthritic
Note: some devices are suitable for both Diabetic and Arthritic patients.

ACCOMMODATIVE CONTROL LEVEL 2-3
- Rubberflex Shell

D STANDARD TRIDENSITY

3.0mm P-Cell, 3.0mm Poron, Rubberflex & 50 durometer Fish Foam, 1.5mm Cushion Cork bottom cover.

D **RA** SOFT MOULD

1.5mm Puff, 1.5mm Poron, Rubberflex & Thermocork, Poron Fill, 1.5mm Nyplex bottom cover.

RA STANDARD TRIDENSITY

3.0mm Bamboolon, Rubberflex & 50 durometer Fisher Foam, 1.5mm Nyplex bottom cover.

D CHARCOT TRIDENSITY

3.0mm P-Cell, 3.0mm Poron, Rubberflex & Thermocork, 35 durometer Cloud EVA, 1.5mm Cushion Cork bottom cover.

HYBRID DEVICES CONTROL LEVEL 3
- Polypropylene shells [semi-flexible]

D SEMI-FLEXIBLE MOULD

3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion Cork bottom cover.

RA SEMI-FLEXIBLE MOULD

3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex bottom cover.

D **RA** SEMI-FLEX LOW PROFILE MOULD

3.0mm Bamboolon, Polypropylene, Poron Fill, Microsuede bottom cover.

FUNCTIONAL DEVICES CONTROL LEVEL 4
- Polypropylene Shell [semi-rigid]

D SEMI-RIGID MOULD

3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion Cork bottom cover.

RA SEMI-RIGID MOULD

3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex bottom cover.

D **RA** SEMI-RIGID LOW PROFILE MOULD

3.0mm Bamboolon, Polypropylene, Poron Fill, Microsuede bottom cover.

7 SPECIAL INSTRUCTIONS



ULTRA PROTECTIVE TOP COVER

PREMIUM CUSHIONING FOR HIGH RISK FEET.

Puff 1.5mm 3mm

Plastazote 1.5mm 3mm

FOREFOOT EXTENSION

MATERIAL

Poron 1.5mm 3mm

Nyplex 1.5mm 3mm

Cushion Cork 1.5mm 3mm

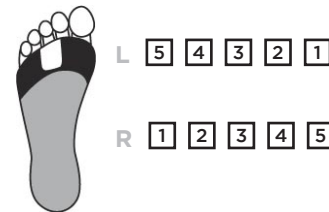
Puff 1.5mm 3mm

LENGTH

sulcus toes

BOTTOM COVER SELECTION

LESION ACCOMMODATION



POSTING

POST TO

Lab evaluation

Measurements from vertical

Calcaneal Vertical

Neutral (as they sit)

REARFOOT

extrinsic

intrinsic

L ___ ° VR/VLG R ___ ° VR/VLG

FOREFOOT

extrinsic

intrinsic

L ___ ° VR/VLG R ___ ° VR/VLG

to sulcus

to toes

Skive (needs deep heel cup) L ___ mm R ___ mm

Inverted L ___ ° R ___ °

Motion L ___ ° R ___ °

CAST DRESSING

Skin Type 1 Min Moderate Max

SHELL MODIFICATIONS

L/R Heel Cup Depth

14mm 16mm 18mm 20mm 22mm



L/R 1st Met Cut-Out w/ support post

L/R 1st Ray Cut-Out

L/R Rigid 1st Extension sulcus toes

L/R Medial Flange standard 50%

L/R Lateral Flange standard 50%

L/R Narrow Shell Grind

L/R Wide Shell Grind

L/R Fascial Accommodation

L/R Heel Spur Accommodation

L/R Heel Hole w/gel plug w/ poron plug

ADDITIONS

L/R Heel Lift ___ mm EVA poron loose

L/R Heel Pad 1.5mm 3mm

L/R Morton's Extension

L/R Reverse Morton's Ext. cushion cork poron EVA

L/R Functional Hallux Limitus Accommodation

L/R Horseshoe Spur

L/R Metatarsal Pad Standard 50%

L/R Metatarsal Bar Standard 50%

L/R Metatarsal Raise

L/R Poron Arch Pad 1.5mm 3mm

L/R Neuroma Pad

L/R Cuboid Pad

L/R Amputation Accommodation Partial Full

