

**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.**

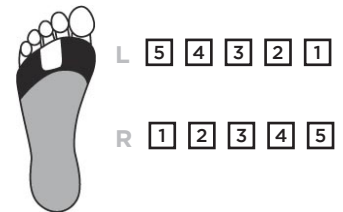
Puff     1.5mm     3mm  
Plastazote     1.5mm     3mm

**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, ADDITIONS & MODS**

**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

