

1 PATIENT

PATIENT NAME _____

ADDRESS _____

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

FOOTWEAR TYPE _____ SHOE SIZE _____

2 PRESCRIBER

PRESCRIBER _____

ADDRESS _____

PHONE _____

EMAIL _____

3 ORDER INFO

DATE D / M / Y _____

WO # _____

RUSH

POST TO PATIENT

REPEAT ORDER # _____

DUPLICATE (no change)

CHANGE (as marked)

4 DEVICE TYPE (select only one device)

FUNCTIONAL

STANDARD

DRESS

WOMENS _____ cm heeled shoes

Standard Slimline

Low Heel Cup Slimline

Flat Heel Cup

Cobra (polypropylene only)

MENS

SPORT

STANDARD

LOW PROFILE

IMPACT

with RF post

with dual density RF post

SOCCER SPORT

MOULDS

STANDARD

LOW PROFILE

SPECIALISED

NOTE: Our Diabetic and RA devices can now be ordered using the SPECIALISED DEVICES order form.

EVA

UCBL

ROBERTS WHITMAN

GAIT PLATE

Induce out-toeing

Induce in-toeing

7 SPECIAL INSTRUCTIONS



5 OPTIONAL SPECS

SHELL MATERIAL

3D PRINTED XT Sprint

Performance RX TL 2100

Polypropylene

RIGIDITY

Rigid

Semi-rigid

Semi-flexible

FILL MATERIALS

Poron

Cork

EVA

FOREFOOT EXTENSION

MATERIAL

Poron 1.5mm 3mm

Nyplex 1.5mm 3mm

Cushion Cork 1.5mm 3mm

Puff 1.5mm 3mm

LENGTH

sulcus toes

TOP COVER SELECTION

MATERIAL

Vinyl

Leather

Microsuede

WSL Carbon

Neoprene

Plastazote 1.5mm 3mm

Puff 1.5mm 3mm

Bamboolon 1.5mm 3mm

COMBINE MATERIAL WITH

Poron 1.5mm 3mm

LENGTH

mets sulcus toes

BOTTOM COVER SELECTION

MATERIAL

Agoflex

Vinyl

Puff 1.5mm

Nyplex 1.5mm

Microsuede

WSL Carbon

6 POSTING, ADDITIONS & MODS

POSTING

POST TO

Lab evaluation Neutral (as they sit) Calcaneal Vertical

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 5th 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

L/R Sweet Spot

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

Lesion Accommodation L [5] [4] [3] [2] [1] R [1] [2] [3] [4] [5]

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

