

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.

ULTRA PROTECTIVE TOP COVER

PREMIUM CUSHIONING FOR HIGH RISK FEET.

Puff 1.5mm 3mm
Plastazote 1.5mm 3mm

FOREFOOT EXTENSION

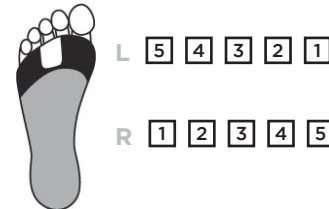
MATERIAL

Poron 1.5mm 3mm
Nyplex 1.5mm 3mm
Cushion Cork 1.5mm 3mm
Puff 1.5mm 3mm

LENGTH

sulcus toes

LESION ACCOMMODATION



BOTTOM COVER SELECTION

MATERIAL

Agoflex
 Vinyl
 Puff 1.5mm
 Nyplex 1.5mm
 Microsuede
 WSL Carbon

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

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

7 SPECIAL INSTRUCTIONS



