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 Indianapolis, IN 46268
 800-444-3632
 800-233-2280 fax
 www.alliedosilabs.com

Date Shipped to Lab _____

Please place your account label here or fill in information

Doctor's Name _____

Doctor's Address _____

City _____ County _____ Postcode _____

Patient Name _____
 Last First

New Second pair off previous mold Adjustment

PRODUCTS

HYBRID

(Select shell material below)

Performance RX : Semi-Flex Semi-Rigid Rigid

Polypropylene : 1/8" 3/16"

TL 2100 : Semi-Rigid Rigid

TL Silver : Semi-Rigid Rigid

FUNCTIONAL

PRx II Blake Inverted Mueller TPD

ACCOMMODATIVE / DIABETIC

Balance Lite Balance Soft Balance Support

Diabetic Soft Diabetic Medium Diabetic Firm

DRESS

Dress Class I Dress Class II Dress Class III

ATHLETIC

Orthocise Walker Supersport

Eagle Durkin Sport Braver Ballet

CHILDREN'S LINE

Whitman Roberts Reverse Roberts

Heel Stabilizer : A B C D E

Gait Plate Inducing : In Toe Out Toe

Optional Shell Material : Blue Red Multicolor

(show accoms on picture)

Additional Comments or Instructions



Right Left

CUSTOM PLUS LINE ORDER FORM

FOR LAB USE ONLY

Shoes Enclosed Biofoam Positive Casts
 Orthos Enclosed RX # _____ Single
 Accoms : Left _____ Right _____

Did you send shoes? Y N Return Casts
 Ship to Patient (supply address & phone #)

Age _____ Weight _____ Gender _____ Shoe Size _____

Refurbish AOR Claim Rush 3-day (in lab)

POSTING

FOREFOOT POSTING

(Post to cast is std unless otherwise indicated)

No Post Intrinsic Extrinsic Triaxial Root

L _____ Varus /Valgus R _____ Varus /Valgus

REARFOOT POSTING

No Post Modified Intrinsic Extrinsic Biaxial

L _____ Varus /Valgus R _____ Varus /Valgus

Pronation Skive _____ Deg Kirby Skive _____ MM

NON STANDARD INSTRUCTIONS

FF Width : Narrow Regular Wide

Arch Height : Low High No Fill

Performance RX : Semi-Flex Semi-Rigid Rigid

Polypropylene : 1/8" 3/16"

TL 2100 : Semi-Rigid Rigid

TL Silver: Semi-Rigid Rigid

Top Cover Length : Met Sulcus Full

Top CoverType : No Logo Nylene Vylyte

Ultraleather™ Ultrasuede®

Soft Poron® Padding: 1/16" 1/8"

ACCOMMODATIONS

(All accommodations are done bilaterally unless otherwise indicated)

Methead Accoms L _____ R _____ With Plastizote Fill

Cut Out 1st MPJ in Shell Cut Out 1st to Cuneiform

Arch Reinforcements: Corex Poron® Crepe

Flanges: Medial Lateral Heel Lifts _____" Height

Heel Spur Accoms: Pocket Horseshoe Pad Hole in Heel

Met Pad Arch Pad Extra Heel Cushion

Morton's Ext. Turf Toe Deep Heel Cup _____ MM

For Lab Use Only : Place RX Sticker Here