

PRELIMINARY INFO

FIRST NAME		LAST NAME		SEX	AGE	WEIGHT	SHOE SIZE
				<input type="checkbox"/> M <input type="checkbox"/> F		lbs.	
SHOE CUT	SHOE TYPE		SHOE PITCH	FABRICATION RUSH†		OUTBOUND SHIPPING	
<input type="checkbox"/> Narrow <input type="checkbox"/> Normal <input type="checkbox"/> Roomy	<input type="checkbox"/> Casual <input type="checkbox"/> Athletic <input type="checkbox"/> Oxfords	<input type="checkbox"/> Boots (work) <input type="checkbox"/> Pumps <input type="checkbox"/> High Heels	(FF to RF ELEVATION) _____mm	<input type="checkbox"/> 1-Day Rush <input type="checkbox"/> 2-Day Rush <input type="checkbox"/> 3-Day Rush	<input type="checkbox"/> UPS Next Day Air <input type="checkbox"/> UPS 2-Day Air <input type="checkbox"/> USPS Priority Mail		

PRESCRIBER	
OFFICE#	BILLING#
DEFAULT OUTBOUND SHIPPING	
SHIP TO ADDRESS:	
SIGNATURE	DATE
ORDERING SUPPLIES	
Call in your supply request for faster turnaround	
<input type="checkbox"/> Rx Forms <input type="checkbox"/> Cast Boxes Prepaid Labels: <input type="checkbox"/> Priority Mail <input type="checkbox"/> UPS 2-Day Air <input type="checkbox"/> Foam Boxes <input type="checkbox"/> Other: _____	

ORTHOTIC DESIGN

See Default Specifications table on reverse. All customization selections replace default values.

BIOMECHANICAL <input type="checkbox"/> Omni unparalleled versatility <input type="checkbox"/> <i>Fashionette</i> fit, form, and function <input type="checkbox"/> PedFlex (UCBL-TYPE) control and support	SPORT PLUS <input type="checkbox"/> ActiveFit <input type="checkbox"/> RunFit <input type="checkbox"/> Long Distance <input type="checkbox"/> FieldFit <input type="checkbox"/> CourtFit <input type="checkbox"/> High Impact <input type="checkbox"/> CycleFit <input type="checkbox"/> GolfFit	ACCOMMODATIVE <input type="checkbox"/> DURACCOM the premium accommodative CHOOSE SUBSTRATE: <input type="checkbox"/> Sponge (very soft) <input type="checkbox"/> Poron (soft, durable) <input type="checkbox"/> Plastazote (medium) <input type="checkbox"/> EVA (firm, lightweight) <input type="checkbox"/> Korex (very firm)	YOUR DESIGNS <input type="checkbox"/> DESIGN #1 NAME A list of the selected options of your design will go here. <input type="checkbox"/> DESIGN #2 NAME A list of the selected options of your design will go here. <i>Call us to configure your designs</i>
--	---	---	---

CUSTOMIZATIONS

MODIFY THE DESIGN'S DEFAULT SPECIFICATIONS (see reverse for defaults)	PLASTIC COLOR <input type="checkbox"/> White <input type="checkbox"/> Natural	FLEXIBILITY <input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> High Flex	BULK <input type="checkbox"/> Low <input type="checkbox"/> Extra Low <input type="checkbox"/> Ultra Low	COVERING & CUSHION <input type="checkbox"/> No top covering <input type="checkbox"/> No bottom covering <input type="checkbox"/> No default cushioning	REARFOOT POST TYPE <input type="checkbox"/> Extrinsic (Unitized) <input type="checkbox"/> Intrinsic (Rounded) Dynamic† (choose material) <input type="checkbox"/> RUBBER <input type="checkbox"/> KOREX <input type="checkbox"/> NC-60
---	--	--	---	--	---

TOP COVERING VINYL <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Beige <input type="checkbox"/> Golden <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Saddle <input type="checkbox"/> Navy <input type="checkbox"/> Burgundy MICROSUEDE <input type="checkbox"/> Camel <input type="checkbox"/> Silver <input type="checkbox"/> Black SOFT LEATHER† <input type="checkbox"/> White <input type="checkbox"/> Wheat <input type="checkbox"/> Caramel <input type="checkbox"/> Espresso <input type="checkbox"/> Black <input type="checkbox"/> Blue	CUSHIONING <input type="checkbox"/> FULL COVER (begins at heel) <input type="checkbox"/> EXTENSION (begins at mets) <i>See reverse for details on materials, thicknesses, and Lab Standards for lengths</i> LENGTH <input type="checkbox"/> Mets <input type="checkbox"/> Sulcus <input type="checkbox"/> Toes MATERIAL <input type="checkbox"/> Poron <input type="checkbox"/> Plastazote <input type="checkbox"/> Spenco <input type="checkbox"/> EVA THICKNESS <input type="checkbox"/> 1.5 mm <input type="checkbox"/> 3 mm <input type="checkbox"/> 4.5* mm	PADS & ACCOMS L/R B/L Met Pad (2-4) _____ <input type="checkbox"/> Met Bar Pad (1-5) _____ <input type="checkbox"/> Morton's Extension _____ <input type="checkbox"/> Reverse Morton's Extension _____ <input type="checkbox"/> Heel Pad: Dorsal _____ <input type="checkbox"/> Heel Pad: Plantar _____ <input type="checkbox"/> Spur Accom: In Shell _____ <input type="checkbox"/> Spur Accom: In Cushion* _____ <input type="checkbox"/> Arch Pad: Dorsal _____ <input type="checkbox"/> Fascia Accom: In Shell _____ <input type="checkbox"/> Fascia Accom: In Cushion* _____ <input type="checkbox"/> Plantar Arch Filler† _____ <input type="checkbox"/> <input type="checkbox"/> Poron <input type="checkbox"/> Korex Custom Pad† (draw shape) <input type="checkbox"/> Poron <input type="checkbox"/> Korex	POSTING <input type="checkbox"/> Post to vertical (per casts) <input type="checkbox"/> Post only to these values: L R Valgus Intrinsic _____° _____° <input type="checkbox"/> Extrinsic _____° _____° <input type="checkbox"/> FF Lift (mm) _____ FOREFOOT Flat RF Post Angle _____° _____° <input type="checkbox"/> Motion Grind _____° _____° <input type="checkbox"/> RF Lift _____ (mm) FF to RF Elevation _____ (mm)	SHELL/CAST MODIFICATIONS L R Cast Inversion _____° _____° Medial Skive (mm) _____ L/R B/L 1st MPJ Shell Cutout _____ <input type="checkbox"/> 1st Ray Shell Cutout _____ <input type="checkbox"/> Medial Flange _____ <input type="checkbox"/> Lateral Flange _____ <input type="checkbox"/> DEEP HEEL PLASTER FILL Add 3mm <input type="checkbox"/> Heavy <input type="checkbox"/> Add 5mm <input type="checkbox"/> Light <input type="checkbox"/> Add 7mm <input type="checkbox"/> Minimal <input type="checkbox"/>
FOR MARKED LOCATIONS... <input type="checkbox"/> on Casts <input type="checkbox"/> Diagram ▶ ...ACCOMMODATE WITH: <input type="checkbox"/> Lesion Cutout in Cushion* <input type="checkbox"/> Lesion Pad† (Horseshoe) Custom Accom† <input type="checkbox"/> In Shell <input type="checkbox"/> In Cushion* <input type="checkbox"/> Fill with Poron				



† Premium Service if not included in Orthotic Design * Not available for Spenco

SPECIAL DESIGN & CUSTOMIZATION REQUESTS: _____

