

# FootLogic Order Form

Ordering:  Pair  Left Only  Right Only  
Quantity: \_\_\_\_\_



6000 Executive Blvd, Suite 500, North Bethesda, MD 20852 | orthocaresolutions.com

**BILL TO:**  
Account Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Casting Contact: \_\_\_\_\_

**SHIP TO:** Same As Billing Address   
Account Name: \_\_\_\_\_ PO Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**DELIVERY INSTRUCTIONS:**  STD (5 in-house business days)  RUSH - Needed by: \_\_\_/\_\_\_/\_\_\_  Return Positive Casts

**PATIENT INFO:** Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Height (Inches): \_\_\_\_\_  
Shoe Size (required): \_\_\_\_\_ Shoe Type:  Sneaker  Extra Depth  Work Boot  Laced  Dress  Slip-On  Other \_\_\_\_\_  
Shoe Width:  Narrow  Wide  Regular Principle Use: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

ORTHOTIC TYPE	SPECIFICATIONS	ADDITIONS/EXTENSIONS
<b>ORTHOSTRIDE – Graphite</b> <input type="checkbox"/> OS1 – OrthoStride Max <input type="checkbox"/> OS2 – OrthoStride Flex <input type="checkbox"/> OS3 – OrthoStride Dress	<b>SHELL</b> Lateral Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Both <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Medial Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Both <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Arch Fill <input type="checkbox"/> Cork <input type="checkbox"/> EVA <input type="checkbox"/> Rubber Heel Cup <input type="checkbox"/> 6 mm Shallow <input type="checkbox"/> 10 mm Std. <input type="checkbox"/> 14 mm Deep Thickness <input type="checkbox"/> 1.8 mm <input type="checkbox"/> 2.5 mm Width <input type="checkbox"/> Narrow <input type="checkbox"/> Regular <input type="checkbox"/> Wide <input type="checkbox"/> Extra Wide <input type="checkbox"/> 1st Ray Cutout <input type="checkbox"/> 1st MPJ Cutout <input type="checkbox"/> Pocket Heel Spur <input type="checkbox"/> Hole in Heel	<input type="checkbox"/> Metatarsal <input type="checkbox"/> Pad <input type="checkbox"/> Bar <input type="checkbox"/> Dancer's Pad <input type="checkbox"/> Scaphoid Pad <input type="checkbox"/> Neuroma Pad <input type="checkbox"/> Raise <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Cut Outs <input type="checkbox"/> R <input type="checkbox"/> L (mark on cast or form) <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L
<b>ATHLETICSTRIDE – Polypro</b> <input type="checkbox"/> AS1 – AthleticStride Max <input type="checkbox"/> AS2 – AthleticStride Flex <input type="checkbox"/> AS3 – AthleticStride Dress	<b>TOP COVER</b> Length <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Mets <input type="checkbox"/> Full Length <input type="checkbox"/> No Cover <input type="checkbox"/> Leather <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Vinyl <input type="checkbox"/> Tan <input type="checkbox"/> Black <input type="checkbox"/> X-static <input type="checkbox"/> Black <input type="checkbox"/> Antishock <input type="checkbox"/> Blue <input type="checkbox"/> EVA Swirl <input type="checkbox"/> Blue <input type="checkbox"/> Plastazote <input type="checkbox"/> Pink <input type="checkbox"/> White	<input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L
<b>PERFECTSTRIDE – Suborthelen</b> <input type="checkbox"/> PS1 – PerfectStride Max <input type="checkbox"/> PS2 – PerfectStride <input type="checkbox"/> PS3 – PerfectStride Lite <input type="checkbox"/> PS4 – PerfectStride Dress <input type="checkbox"/> PS5 – PerfectStride Dress	<b>MIDDLE COVER</b> <input type="checkbox"/> EVA <input type="checkbox"/> PPT Length <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Mets <input type="checkbox"/> Full Length <input type="checkbox"/> No Cover	<input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L
<b>ACCOMMODATIVE DESIGN</b> <input type="checkbox"/> AD1 – Leather Mold <input type="checkbox"/> AD2 – Cork Mold <input type="checkbox"/> AD3 – EVA Mold	<b>POSTINGS</b> <input type="checkbox"/> No Post <input type="checkbox"/> Post According to Cast <input type="checkbox"/> Post According to Neutral Rear Foot Right ° _____ <input type="checkbox"/> Med <input type="checkbox"/> Lat Left ° _____ <input type="checkbox"/> Med <input type="checkbox"/> Lat <input type="checkbox"/> Intrinsic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Extrinsic <input type="checkbox"/> R <input type="checkbox"/> L Fore Foot Right ° _____ <input type="checkbox"/> Med <input type="checkbox"/> Lat Left ° _____ <input type="checkbox"/> Med <input type="checkbox"/> Lat <input type="checkbox"/> Intrinsic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Extrinsic <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L
<b>DIABETIC</b> <input type="checkbox"/> MD1 – EVA, S.T.S., Plastazote* <input type="checkbox"/> MD2 – Thermocork*, S.T.S., Plastazote* <input type="checkbox"/> MD3 – Rigid Plastazote*, S.T.S., Plastazote* <input type="checkbox"/> Toe Prosthesis <input type="checkbox"/> Transmet Prosthesis		<input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L
<b>SPECIALTY</b> <input type="checkbox"/> PD1 – UCBL <input type="checkbox"/> PD2 – Whitman <input type="checkbox"/> PD3 – Gait Plait		<input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> Other _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> to end of toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L



**SPECIAL INSTRUCTIONS/NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_