

**BILL TO:**

Account Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
PO#: \_\_\_\_\_ Casting Contact: \_\_\_\_\_

**SHIP TO:** Same As Billing Address

Account Name: \_\_\_\_\_  
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 Principal Use: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**ORDERING:**  Pair  Left Only  Right Only **QUANTITY:** Pair \_\_\_\_\_ Left Only \_\_\_\_\_ Right Only \_\_\_\_\_

**ORTHOTIC TYPE SPECIFICATIONS ADDITIONS/EXTENSIONS**

**ORTHOSTRIDE – Graphite**

- OS1 – OrthoStride Max
- OS2 – OrthoStride Flex
- OS3 – OrthoStride Dress

**ATHLETICSTRIDE – Polypro**

- AS1 – AthleticStride Max
- AS2 – AthleticStride Flex
- AS3 – AthleticStride Dress

**PERFECTSTRIDE – Suborthelen**

- PS1 – PerfectStride Max
- PS2 – PerfectStride
- PS3 – PerfectStride Lite
- PS4 – PerfectStride Dress

**ACCOMMODATIVE DESIGN**

- AD1 – Leather Mold
- AD2 – Cork Mold
- AD3 – EVA Mold

**DIABETIC**

- MD1 - EVA, S.T.S.®, Plastazote®
- MD2 - Thermocork®, S.T.S.®, Plastazote®
- MD3 - Rigid Plastazote®, S.T.S.®, Plastazote®
- MD4 - Toe Prosthesis
- MD5 - Transmet Prosthesis

**SPECIALTY**

- PD1 – UCBL
- PD2 – Whitman
- PD3 – Gait Plait

**SHELL**

- Thickness  2 mm  3 mm  4 mm  
Width  Narrow  Regular  Wide  
 Extra Wide  
Heel Cup  6 mm Shallow  10 mm Std.  14 mm Deep  
Lateral Flange  R  Low  Medium  High  
 L  Low  Medium  High  
Medial Flange  R  Low  Medium  High  
 L  Low  Medium  High

**TOP COVER**

- Length  To Sulcus  To Mets  
 Full Length  No Cover  
 Leather  Black  Brown  
 Vinyl  Tan  Black  
 X-static  Black  
 Antishock  Blue  Black  
 EVA Swirl  Blue  Black  
 Plastazote  Pink  White

**MIDDLE COVER**

- Length  To Sulcus  To Mets  
 Full Length  No Cover

- EVA
- PPT

**POSTINGS**

- No Post
- Post According to Cast
- Post According to Neutral

- Rear Foot Right ° \_\_\_\_\_  Med  Lat  
Left ° \_\_\_\_\_  Med  Lat  
 Intrinsic  R  L  
 Extrinsic  R  L  
Fore Foot Right ° \_\_\_\_\_  Med  Lat  
Left ° \_\_\_\_\_  Med  Lat  
 Intrinsic  R  L  
 Extrinsic  R  L

- Metatarsal Raise - Left  
 Met Pad  Met Bar  Dancer's Pad  
 Low 1/8  Medium 3/16  High 1/4  
 Soft  Firm
- Metatarsal Raise - Right  
 Met Pad  Met Bar  Dancer's Pad  
 Low 1/8  Medium 3/16  High 1/4  
 Soft  Firm
- Scaphoid Pad  R  L
- Neuroma Pad  R  L
- 1st Ray Cut Out  R  L  Gel Fill
- 1st MPT Cut Out  R  L  Gel Fill
- Heel Spur Pocket  
 L  Donut  U-shape  with Gel  
 R  Donut  U-shape  with Gel
- Heel Pad  
 L  Rubber  Gel  Other \_\_\_\_\_  
 R  Rubber  Gel  Other \_\_\_\_\_
- Morton Extension  R  L  To End of Toe
- Heel Raise  R \_\_\_\_\_  L \_\_\_\_\_
- Toe Crests  R  L
- Bunion Flange  R  L
- Cuboid Raise  R  L



**SPECIAL INSTRUCTIONS:**

Right  Left   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_