

Account # _____ P.O. #: _____

Account Name _____

Practitioner Name _____

Phone _____ Fax _____

Email _____

Street Address _____

City/St/Zip/Postal Code _____

Recast from previous order

Serial # _____

5-Day Rush - (\$25 Fee)

Protect® Program Serial # _____ Repair Outgrow Loss **Attach copy of patient's Protect Agreement**

LAB USE ONLY

Serial # _____
 Opened By _____ Incoming Postage _____
 Date Received _____

Patient's Name _____

Street Address _____

City/St/Zip/Postal Code _____

Telephone () _____

Sex M F Age _____ Height _____ Weight _____

Shoe Size _____

LACED Low volume interior High volume interior

Athletic Safety boots Other _____

ACCOMMODATIONS

Base Material

45 Durometer EVA

55 Durometer EVA

TOPCOVERS

1/8" Green EVA

1/8" Black Neoprene

3/16" PPT Plastazote

1/16" Black Neoprene

1/8" Marbled EVA

EVA BASE MODIFICATIONS

Heel Seat Standard (10mm) Deep (16mm) Shallow(6mm)

Width 1/8" Narrow 1/4" Narrow

1/8" Wide 1/4" Wide

Arch Height As Cast/Scanned Lower 1/8" Raise 1/8"

Flanges High Medial B/L Left Right

High Lateral B/L Left Right

Intrinsic Heel Cushion (Punch out + Fill with Foam) Left Right

Heel Cushion 1/16" 1/8" Left Right

Heel Spur U-Pad 1/8" Left Right

Dancer's Pad Left Right

Met Pad (2-4) Left Right

Met Bar (1-5) Left Right

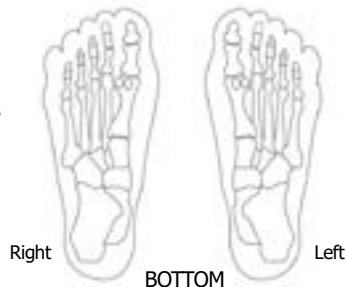
Met Heads

Left	1	2	3	4	5
Right	1	2	3	4	5

5th Met Base Left Right

Plantar

PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations.



DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS
