

Account Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Patient First Name: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

Shoe Size / Width: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_ Scale:  Male  Female  Junior

### PRODUCT OPTIONS

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> PERFORMANCE      | <input type="checkbox"/> SPORT SOFT SUPPORT | <input type="checkbox"/> SPORT ULTRA | <input type="checkbox"/> FASHION            |
| <input type="checkbox"/> SPORT ALL-AROUND | <input type="checkbox"/> DIAB-A-SOFT        | <input type="checkbox"/> GAIT PLATE  | <input type="checkbox"/> FASHION ULTRA-SLIM |
| <input type="checkbox"/> EASY-FIT         | <input type="checkbox"/> DIAB-A-FLEX        | <input type="checkbox"/> ECONO-FLEX  | <input type="checkbox"/> PERFORMANCE ULTRA  |

### MODIFICATIONS

Please check all the options that may apply:

#### SHELL OPTIONS

- |  |  |
|--|--|
| Device Top Cover Length (Check one)    | Heel Seat (Check one)                    |
| <input type="checkbox"/> Met Length    | <input type="checkbox"/> Standard (3/8") |
| <input type="checkbox"/> Sulcus Length | <input type="checkbox"/> Deep (5/8")     |
| <input type="checkbox"/> Full Length   |  |

#### SHELL MODIFICATIONS

- |  |  |  |  |  |  |
|--|--|--|--|--|--|
| Rigid Morton's Extension   | 1st Ray Cut  | Kinetic Wedge  | Medial Heel Skive  | Plantar Fascial Groove   | Lateral Heel Flange  |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L |

#### POSTING OPTIONS: (Check and enter degree)

- |   |  |   |
|---|--|---|
| Varus or Valgus                         | Varus or Valgus                            | Varus or Valgus                           |
| Intrinsic RF post: Left ____ Right ____ | Extrinsic Fore-Foot: Left: ____ Right ____ | Extrinsic RF post: Left: ____ Right: ____ |

- Heel Lift  
 L  R  B/L |  1/8"  1/4"  3/8"  1/2"

- EVA Arch Fill  
 L  R  B/L

#### ACCOMMODATIONS

- |  |  |  |  |  |
|--|--|--|--|--|
| Dancer's Pad (3/16")   | Heel Cushion   | Heel Spur Pad  | Met Pad Low (1/8")   | Met Pad High (3/16")   |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L |
| Met Bar (1/8")   | LA Pads (1/8")   | Met Head Cut Out, 1  | Met Head Cut Out, 2  | Met Head Cut Out, 3  |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L |
| Met Head Cut Out, 4  | Met Head Cut Out, 5  | Neuroma Pad, Left  | Neuroma Pad, Right   | Morton's Extension (EVA)   |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L |
| Toe Crests   | Widen Extension (B/L)  |  |  |  |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L | <input type="checkbox"/> 1/2" wide <input type="checkbox"/> 1" wide                |  |  |  |

#### TOP COVERS

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Black Vinyl                  | <input type="checkbox"/> Gray Vinyl    | <input type="checkbox"/> 1/16" Black Spenco | <input type="checkbox"/> 1/8" Black Spenco    | <input type="checkbox"/> 1/8" Pink P-Cell  |
| <input type="checkbox"/> 1/8" Pink P-Cell + 1/16" EVA | <input type="checkbox"/> 1/8" Blue ETC | <input type="checkbox"/> 3/16" Blue ETC     | <input type="checkbox"/> 1/8" Black Starsuede | <input type="checkbox"/> 1/8" Green Spenco |

#### SHIPPING & HANDLING

- |  |  |
|--|--|
| Handling (Check one)                                 | Shipping (Check one)   |
| <input type="checkbox"/> Standard (10 business days) | <input type="checkbox"/> Ground <input type="checkbox"/> 2 Day Air |
| <input type="checkbox"/> Lab Rush (5 business days)  | <input type="checkbox"/> Overnight                                 |