FUNCTIONAL ORTHOTIC ORDER FORM

COMPANY ____________________________

ADDRESS ___________________________________________________________

CITY ____________________________ STATE _______ ZIPCODE __________

PHONE (_____) ______ - _______ FAX (_____) ______ - _______ EMAIL ________________

PATIENT NAME / REFERENCE NUMBER ____________________________ GENDER __________

ORDER / PO # __________________ ORDER DATE _____/_____/____ CONTACT NAME ________________________

SHOE INFO Required only if full top cover is requested.

BRAND ________________________ MODEL ________________________ SIZE ___________ WIDTH ___________

ORDER INFO Please mark quantities appropriately.

ORTHOTIC TYPE (Select One)
○ ALL PURPOSE
○ RUNNING
○ BASKETBALL
○ U.C.B.L.
○ PLS U.C.B.L.
○ SPORT GRAPHITE
○ DRESS GRAPHITE
○ COBRA DRESS
○ DRESS
○ ELITE 2 - EVA
○ U.C.B.L. - EVA

MID LAYER
○ PORON
○ PORON (FF Extension Only)
○ NONE

POLY SHELL THICKNESS
○ 1/8” - UP TO 150LBS
○ 5/32” - UP TO 250LBS

TOP COVER
○ SIMULATED LEATHER
○ SUEDE
○ SPENCO
○ BLUE EVA
○ PLASTAZOTE
○ BLACK EVA

COVER LENGTH
○ METS
○ SULCUS
○ TOES

NEUTRAL HEEL POST
○ Y ○ N

ACCOMMODATIONS L R POSTING L R °
Metatarsal Pad EXTRINSIC
Metatarsal Bar Rearfoot Medial
Heel Pad Rearfoot Lateral
1st Ray Cut-out Forefoot Medial
5th Ray Cut-out Forefoot Lateral
Dancer’s Pad INTRINSIC
Morton’s Extension Forefoot Medial
Medial Flange Forefoot Lateral
Lateral Flange

Arch Reinforcement

METATARSAL RELIEF

Left

Right

Please clearly mark the areas where reliefs should be applied.