



**PEDORTHIC LABORATORY SPECIALTIES**  
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**HANGER FUNCTIONAL ORTHOTIC**  
*ORDER FORM*

**HANGER CLINIC INFO** Please fill out this form as accurately as possible.

COMPANY HANGER CLINIC

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 (Elit1)
- AEROBIC (Elit1)
- BASKETBALL (Elit1)
- U.C.B.L. (U.C.B.L)
- PLS U.C.B.L. (U.C.B.L)
- SPORT GRAPHITE (Elit1 & CSCTP)
- DRESS GRAPHITE (Elit1 & CSCTP)
- COBRA DRESS (Elit1)
- DRESS (Elit1)
- ELITE 2 - EVA (Elit2)
- U.C.B.L. - EVA (U.C.B.L)

**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			<b>EXTRINSIC</b>			
Metatarsal Bar			Rearfoot Medial			
Heel Pad			Rearfoot Lateral			
1st Ray Shell Notch			Forefoot Medial			
5th Ray Shell Notch			Forefoot Lateral			
Dancer's Pad			<b>INTRINSIC</b>			
Morton's Extension			Forefoot Medial			
Medial Flange			Forefoot Lateral			
Lateral Flange						
Arch Reinforcement						
METATARSAL RELIEF						
	1	2	3	4	5	
Left						
Right						



Please clearly mark the areas where reliefs should be applied.

**R** **L**  
Plantar View of Foot

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_