

## FUNCTIONAL ORTHOTIC ORDER FORM

### ORDERING COMPANY INFO

Please fill out this form as accurately as possible.

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
- AEROBIC
- BASKETBALL
- 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

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

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						



**R** **L**

Plantar View of Foot

Please clearly mark the areas where reliefs should be applied.