



**PEDORTHIC LABORATORY SPECIALTIES**  
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**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.
- 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

**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.