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CUSTOM ACCOMODATIVE INSOLES AND TOE FILLER ORDER FORM

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

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

MID LAYER

- PORON
- PORON (FF Extension Only)
- NONE

SPECIAL INSTRUCTIONS:

ACCOMMODATIONS	L	R	POSTING	L	R	°
Metatarsal Pad			EXTRINSIC			
Metatarsal Bar			Rearfoot Medial			
Heel Pad			Rearfoot Lateral			
1st Ray Shell Notch			Forefoot Medial			
5th Ray Shell Notch			Forefoot Lateral			
Dancer's Pad			INTRINSIC			
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
