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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 | | | 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 | | | | | | |



R **L**

Plantar View of Foot

Please clearly mark the areas where reliefs should be applied.

SPECIAL INSTRUCTIONS: _____
