

Functional Foot Orthotics Order Form

Order Date: _____ Date Needed: _____ PO#: _____

SHIPPING INFORMATION

Facility: _____ Practitioner: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BILLING INFORMATION Same as shipping leave blank

Facility: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

SHIPPING INSTRUCTIONS

Ground 2-day (additional charges) Overnight (additional charges) Local

PATIENT INFORMATION

Name: _____ DOB: _____ Gender: F M Weight: _____ Shoe Size: _____
 Diagnosis/Special Instructions:

FABRICATION INSTRUCTIONS

Length	Forefoot Posting	Heel Posting	Top Cover Material <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8"	Arch Fill
<input type="checkbox"/> Full <input type="checkbox"/> Sulcus <input type="checkbox"/> Shell	<input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic	<input type="checkbox"/> NeoSponge w/ X-Static (+\$5)	<input type="checkbox"/> None
Type	L R	L R	<input type="checkbox"/> EVA 35A	<input type="checkbox"/> Cork
<input type="checkbox"/> Casual <input type="checkbox"/> Dress <input type="checkbox"/> Athletic	Varus ____° Varus ____°	Varus ____° Varus ____°	<input type="checkbox"/> NeoSponge w/ Nylon	<input type="checkbox"/> Poron
Heel Cup	Valgus ____° Valgus ____°	Valgus ____° Valgus ____°	<input type="checkbox"/> DuraFORM 38A (+\$5)	<input type="checkbox"/> EVA
<input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	Forefoot Lift ____° ____°	Heel Lift ____° ____°	<input type="checkbox"/> Synthetic Tan Leather (+\$10)	
Midlayer Material	Bottom Forefoot Material	Bottom Heel Material		
<input type="checkbox"/> None	<input type="checkbox"/> Cordura (standard)	<input type="checkbox"/> DuraSOLE (standard)		
<input type="checkbox"/> Basic Poron	<input type="checkbox"/> EVA	<input type="checkbox"/> EVA		
<input type="checkbox"/> Sport Poron (+\$5)	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Vinyl		
<input type="checkbox"/> Slow Recovery Poron (+\$5)				



Shell Modifications			Additions		
	L	R		L	R
1 st Ray Cut-Out	<input type="checkbox"/>	<input type="checkbox"/>	Lateral Flange	<input type="checkbox"/>	<input type="checkbox"/>
5 th Ray Cut-Out	<input type="checkbox"/>	<input type="checkbox"/>	Promote In-Toe	<input type="checkbox"/>	<input type="checkbox"/>
Deep Heel Seat	<input type="checkbox"/>	<input type="checkbox"/>	Promote Out-Toe	<input type="checkbox"/>	<input type="checkbox"/>
			Heel Punch-Out	<input type="checkbox"/>	<input type="checkbox"/>
			ShearBan (+\$12.50)	<input type="checkbox"/>	<input type="checkbox"/>
			Met Pad (+\$5)	<input type="checkbox"/>	<input type="checkbox"/>
			Met Bar (+\$5)	<input type="checkbox"/>	<input type="checkbox"/>