

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

SHIPPING INSTRUCTIONS

Ground Shipping 2-day Shipping Overnight Shipping Local

PATIENT INFORMATION

Name: _____ DOB: _____ Sex: F M Shoe Size: _____
Diagnosis/Special Instructions: Have a Tech Call Me

FABRICATION INSTRUCTIONS

Base Material

Full To Sulcus To Mets

Length: _____

Comfort (35A EVA)
 Stroller (35A EVA Heel Cup & Medial Arch Support, 20A P-Cell Plantar Surface, 55A EVA Bottom)
 Strider (55A EVA Heel Cup & Medial Arch Support, 35A EVA Plantar Surface, 65A EVA Bottom)
 Support (55A Multi-cork EVA)

Midlayer

Material: Basic Poron Sport Poron (+\$5) Slow Recovery Poron (+\$5)

Thickness: 1/16" 1/8"

Length: Full To Sulcus To Mets Extend from Shell

Top Cover

EVA P-Cell
 NeoSponge NeoSponge w/ X-Static (+\$5)
 DuraFORM (+\$5)

Thickness: 1/16" 1/8"

Length: Full To Sulcus To Mets

Additions

	Left	Right
Metatarsal Pads	<input type="checkbox"/>	<input type="checkbox"/>
Deep Heel Cup	<input type="checkbox"/>	<input type="checkbox"/>

Material: _____



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Mark Any Reliefs ^