

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

FABRICATION INSTRUCTIONS

Shell Length <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> Full	Forefoot Posting <input type="checkbox"/> None <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> Split	Heel Posting <input type="checkbox"/> None <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> Split
Shoe Type <input type="checkbox"/> Casual <input type="checkbox"/> Dress <input type="checkbox"/> Athletic	Left Right Varus _____° Varus _____°	Left Right Varus _____° Varus _____°
Heel Cup <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	Valgus _____° Valgus _____° Forefoot Lift _____"	Valgus _____° Valgus _____° Forefoot Lift _____"



^Mark Any Reliefs or Cut-Outs

MATERIALS & ADDITIONS

Mid Layer thickness: <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" material: <input type="checkbox"/> None <input type="checkbox"/> Basic Poron <input type="checkbox"/> Sport Poron (+\$5) <input type="checkbox"/> Slow Recovery Poron (+\$5) length: <input type="checkbox"/> Full <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> Extend From Shell	Top Cover thickness: <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" material: <input type="checkbox"/> NeoSponge w/ X-Static (+\$5) <input type="checkbox"/> EVA 35A <input type="checkbox"/> NeoSponge w/ Nylon <input type="checkbox"/> DuraFORM 38A (+\$5) <input type="checkbox"/> Synthetic Tan Leather (+\$10)
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Arch Fill material: <input type="checkbox"/> None <input type="checkbox"/> Yes: _____	length: <input type="checkbox"/> Full <input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus	1 st Ray Cut-Out <input type="checkbox"/> <input type="checkbox"/> 5 th Ray Cut-Out <input type="checkbox"/> <input type="checkbox"/> L R	Lateral Flange <input type="checkbox"/> <input type="checkbox"/> Medial Flange <input type="checkbox"/> <input type="checkbox"/> L R	Met Pad <input type="checkbox"/> <input type="checkbox"/> Heel Punch-Out <input type="checkbox"/> <input type="checkbox"/> L R
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Soft Morton's Ext. <input type="checkbox"/> <input type="checkbox"/> Rigid Morton's Ext. <input type="checkbox"/> <input type="checkbox"/> L R
