

# UCBL 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: \_\_\_\_\_ POC: \_\_\_\_\_

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 Materials

 PolyPro     Black     Natural

**thickness:**  5/32"     3/16"     1/8"

 Co-Poly     Black     Natural

**thickness:**  5/32"     3/16"     1/8"

 Other: \_\_\_\_\_

 Transfer Paper (Optional):  
 \_\_\_\_\_

### Padding (optional):

 Full

 Spot (location): \_\_\_\_\_

**Padding Materials:**  EVA     Aliplast (or Equal)

**thickness:**  1/8"     3/16"

### Forefoot Posting Options

 Intrinsic     Extrinsic

L	R
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Varus \_\_\_\_°    Varus \_\_\_\_°

Valgus \_\_\_\_°    Valgus \_\_\_\_°

Forefoot Lift \_\_\_\_° \_\_\_\_°

### Heel Posting Options

 Intrinsic     Extrinsic

L	R
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Varus \_\_\_\_°    Varus \_\_\_\_°

Valgus \_\_\_\_°    Valgus \_\_\_\_°

Heel Lift \_\_\_\_° \_\_\_\_°

### Shell Length:

 Full     Mets     Sulcus

**Additional Requests:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_