



DATE CASTED ____/____/____ DATE SENT ____/____/____ RUSH (\$25.00 Extra Charge) OVERNIGHT (\$65.00 Extra Charge)

DOCTOR'S NAME _____ OFFICE NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ FAX(____) _____

PATIENT'S NAME _____ MALE FEMALE AGE _____ WEIGHT _____ lbs.

HEIGHT ____' ____" SHOE SIZE _____ RANGE OF MOTION: LIMITED NORMAL EXCESSIVE

ORTHOTIC STYLE

RIGIDITY OF SHELL (Based on Patient's Weight) FLEXIBLE SEMI-FLEXIBLE SEMI-RIGID RIGID

FUNCTIONAL

- CELL STEP (UNIBODY EXTRINSIC RF)
- CELL STEP STILLETTO (HOURGLASS DESIGN)
- CELL STEP CASUAL (DRESS SHOE)
- CELL STEP CLASSIC (EXTRINSIC CREPE RF)

ACCOMMODATIVE

- THERA CELL
- STILL GROWING**
- SHAFFER PLATE
- WHITMAN ROBERTS
- GAIT PLATE
- HEEL STABILIZER (UCBL TYPE)

SPORTS

- FUSION (Choice of Pro Athletes Worldwide)
- HYBRID (CREPE RF with Medial Reinforcement)
- CELL SPORT (Designed for SKI, CYCLE and SKATE)

COMPOSITES (+\$25.00 up charge)

- CARBON (GRAPHITE)
- CARBON DRESS (GRAPHITE)

IN-TOE GATE

- 4TH & 5TH MET EXTENDED
- 4TH & 5TH MET EXTENDED

OUT-TOE GATE

- 1ST MET EXTENDED
- 1ST MET EXTENDED

ARCH CONTACT

- TOTAL CONTACT
- MODERATE CONTACT (1/16" FILL)
- MINIMAL CONTACT (1/8" FILL)
- HIGH MEDIAL FLANGE
- SHAFFER MEDIAL WING

POSTING INSTRUCTION

POST TO MEASUREMENT BELOW LAB TO EVALUATE AND POST NONE

IN REARFOOT POST

CORRECTION

LEFT _____ RIGHT _____

VARUS / VALGUS VARUS / VALGUS

EX REARFOOT POST

CORRECTION

LEFT _____ RIGHT _____

VARUS / VALGUS VARUS / VALGUS

IN FOREFOOT POST

CORRECTION

LEFT _____ RIGHT _____

VARUS / VALGUS VARUS / VALGUS

EX FOREFOOT POST

CORRECTION

LEFT _____ RIGHT _____

VARUS / VALGUS VARUS / VALGUS

LENGTH OF TOPCOVER

- MET SULCUS FULL
- NO PADDING
- PAD SHELL ONLY
- PADDING UNDER EXTENSION ONLY
- PAD BOTH - SHELL & EXTENSION

TOPCOVER MATERIAL

- NO COVER
- CROSSLINK
- SWIRL
- LUNA SOFT OR PK WT (+\$5.00 up charge)
- MICROCELL 1/16" BLACK 1/8" BLACK
- P-CELL
- BIOSKIN BLACK
- PORON 1/8" BLACK
- BOTTOM COVER FULL EXT. ONLY
- ULTRA SUEDE 1/16" MICROCELL
- NO BOTTOM COVER

ACCOMMODATIONS

- MET PAD (SOFT) R L
- DANCER'S PAD R L
- MORTON'S EXTENSION R L
- SOFT RIGID MORTON'S
- 1ST MET TEARDROP CUTOUT R L
- MET BAR - 2ND - 5TH R L
- POCKET MET HEADS (CHECK BELOW)
- RIGHT 1ST 2ND 3RD 4TH 5TH
- LEFT 1ST 2ND 3RD 4TH 5TH
- SPECIALITY PAD

- MEDIAL ARCHPAD (SCAPHOID) R L
- PLANTAR FASCIAL GROOVE R L
- HEEL SPUR ACCOMMODATION R L
- DEEP HEEL SEAT _____ mm
- FULL HEEL PAD R L
- FOAM FILLED HEEL R L
- HEEL LIFT _____ mm LEFT _____ mm RIGHT
- LATERAL CLIP
- HIGH LATERAL FLANGE
- LATERAL WEDGE _____ ° (3° STANDARD)

RIGHT LEFT

