20-266 Rutherford Rd. S, Brampton, ON L6W 3N3
Tel: (905) 335-7029 Fax: (905) 335-4154
Email: info@premierorthoticslab.com
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☐ **Rush Order 4 to 5 Days ($25)**

OFFICE USE ONLY

PATIENT INFORMATION

Patient Name: _____

Age: _____ Weight: _____ lbs Shoe Size: _____ Gender: ☐ M ☐ F

CLINIC INFORMATION

Clinic Name: _____

Practitioner Name: _____

STEP 1 ORTHOTIC TYPE

Flex	Cushion	Firm		Full	Sulcus	3/4
☐	☐	☐	**POL EVERYDAY** Perfect for workboots, walking shoes and casual shoes with 1/8" ETC top good for sweat absorption	☐	☐	☐
☐	☐	☐	**POL DRESS** Narrower profile with 1/16" dress hyde top cover	☐	☐	☐
☐	☐	☐	**POL SPORT/RUN** Shock absorption with a milder heel cup. and 1/16" ETC top. For running and sports	☐	☐	☐
☐	☐	☐	**F3 CUSHION** Cushion with full length 1/8" F3 hyde cushion top	☐	☐	☐
☐	☐	☐	**UCBL** Deep heel, flanges with 1/'8" black puff top cover	☐	☐	☐
☐	☐	☐	**POL ACCOMMODATIVE** Flex with full length diabetic top cover	☐	☐	☐
☐	☐	☐	**SKATE/SOCCER** Cushion with full length 1/16" puff top cover and mild heel cup	☐	☐	☐

If no selection is made, default is POL Everyday

GAIT PLATE To induce IN-TOE ☐ To induce OUT- TOE ☐

Gait Plate devices are full length cushion with 1/8" ETC top cover

POL BUILT IN BIRKENSTOCK TYPE SANDAL ☐

Custom made built in birk type sandal. Please be sure of the size as these are non- exchangeable/not returnable.

Please indicate make and model of sandal in Step 3 section, or provide the sandal.

TOP COVER SUBSTITUTIONS - OPTIONAL

Thin Top 1/16"		ThickTop 1/8"
☐	Black Puff	☐
☐	Black Swirl Puff	☐
☐	Pink Swirl Puff	☐
☐	Blue Swirl Puff	☐
☐	F3 Hyde with cushion	☐
☐	Diabetic Top 3/16" **(Add $10)**	☐
☐	Cushioned Cotton (etc)	☐
☐	P-cell (1/4 inch)	☐

ADDITIONAL INSTRUCTIONS



L R

OFFICE USE ONLY

AL _____ HW _____

AH _____ FT _____

Shell Thickness Guide:

FLEX client weight **under 120lbs**

Cushion client weight **under 190lbs**

FIRM client weight **over 190lbs**

STEP 2 MODIFICATIONS

All orthotics have built in heel cushion relief


Heel Spur Pad ☐ Left ☐ Right


1st Ray Cutout ☐ Left ☐ Right


Kinetic Wedge ☐ Left ☐ Right


1st Met Cutout ☐ Left ☐ Right


Toe Crest ☐ Left ☐ Right


PMP Pad ☐ Left ☐ Right


Metatarsal Pad ☐ Left ☐ Right


Heel Cup ☐ Mild ☐ Deep


Heel Post ☐ Varus ☐ Valgus Left ° Right °


Neuroma Pad ☐ Left ☐ Right ☐ 2-3 ☐ 2-3 ☐ 3-4 ☐ 3-4 ☐ 4-5 ☐ 4-5


Morton's Ext ☐ To IPJ ☐ End of Toes ☐ Left ☐ Right


Fore Foot Post ☐ Varus ☐ Valgus Left ° Right °


Heel Lift ☐ Left mm ☐ Right mm ☐ Attached ☐ Removable


Flange ☐ Left ☐ Right ☐ Medial ☐ Lateral

STEP 3 SHOE INFORMATION

MUST PROVIDE SHOE INFORMATION

WHAT SHOES WILL THESE ORTHOTICS BE GOING INTO?

1

Make: _____

Model: _____

Size/Width: _____ ☐ With Orthotic

2

Make: _____

Model: _____

Size/Width: _____ ☐ With Orthotic

Total Number of Orthotics Ordered: _____

Shoes Ordered: _____