



Rush Order
4 to 5 Days (\$25)

OFFICE USE ONLY

PATIENT INFORMATION

Patient Name: _____
 Age: _____ Weight: _____ Shoe Size: _____ Gender: M F
 Insurance Company: _____
 Employer: _____
 Policy Number: _____

SELECT: Type (Prebuilt, or Build Your Own, or Specialty)

1 ORTHOTIC TYPE

MUST SELECT A TOP AND PROFILE

YOUR TOP **YOUR PROFILE**

Thin Top (1/16") Thick Top (1/8") Sulcus Full 3/4

PREBUILT OPTIONS

POL EVERYDAY 1mm 2mm 3mm

Standard flex shell with 100% memory. ETC top for sweat absorption and comfort. Perfect for runners, workboots and everyday walking shoes.

POL DRESS Regular Narrow Pump

Dress Flex (2mm) shell with Felt underlay.

POL ACCOMMODATIVE Slim (3mm) Extra (6mm)

Eva shell with soft arch fill, full length diabetic topcover, underlay cordura

POL REMOVABLE SANDAL Black Top Brown Top

1mm shell, one piece 35 duro EVA liner with shallow heel, low arch profile, full removable liner.

POL BIRKENSTOCK Built in orthotic Orthotic Separate (please specify)
 Non-exchangeable/Not returnable

*If no selection is made, default is full length Everyday with 1/8 etc and 1 mm underlay.

PREBUILT OPTIONS

OR

MUST SELECT SHELL THICKNESS, PROFILE AND A TOP

SHELL THICKNESS: 1mm 2mm 3mm **TOP:** 1/16" 1/8"
PROFILE: Sulcus Full 3/4 Soft Leather
 Cushioned Cotton (ETC) Diabetic Top (Add \$10) 1/4" P Cell
 Microcell Puff black pink swirl black swirl purple swirl blue swirl yellow swirl Spenco

BUILD YOUR OWN

OR

SPECIALTY ORTHOTICS - optional

GAIT PLATE Induce in toeing Induce out toeing
 UCBL Deep heel Flanges Puff top
TURBO SPORT Skate Soccer Golf Run

SPECIALTY

2 FIT

MUST PROVIDE SHOE INFORMATION

WHAT SHOES WILL THESE ORTHOTIC BE GOING INTO ?

1 Make: _____
 Model: _____
 Size/Width: _____ With Orthotic

2 Make: _____
 Model: _____
 Size/Width: _____ With Orthotic

ORTHOTIC FIT

Total Number of Orthotics Ordered: _____ **Shoes Ordered:** _____
 See Back page for some useful information.

CLINIC INFORMATION

Clinic Name: _____
 Practitioner Name: _____

SELECT: MODIFICATIONS (if necessary)

3 MODIFICATIONS

| | | | | |
|--|--|---|--|---|
| | <input type="checkbox"/> Metatarsal Pad | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 5mm <input type="checkbox"/> 3mm | <input type="checkbox"/> 1.5mm |
| | <input type="checkbox"/> Heel Spur Pad | <input type="checkbox"/> L <input type="checkbox"/> R | | |
| | <input type="checkbox"/> Heel Cushion | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm | <input type="checkbox"/> 3mm |
| | <input type="checkbox"/> Heel Lift | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> mm <input type="checkbox"/> mm | <input type="checkbox"/> Removable <input type="checkbox"/> Attached |
| | <input type="checkbox"/> Morton's Ext To IPJ End of Toes | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Soft <input type="checkbox"/> Rigid | |
| | <input type="checkbox"/> Reverse Morton's Ext | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm | |
| | <input type="checkbox"/> Arch Fill | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Soft <input type="checkbox"/> Medium | <input type="checkbox"/> Hard |
| | <input type="checkbox"/> Arch Strip | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Medial <input type="checkbox"/> lateral | <input type="checkbox"/> Hard <input type="checkbox"/> Soft |
| | <input type="checkbox"/> Kinetic Wedge | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm | |
| | <input type="checkbox"/> Neutral Heel Post Extrinsic Intrinsic | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> Firm | Left _____° Right _____° Left _____° Right _____° <input type="checkbox"/> Soft <input type="checkbox"/> Dual Density |
| | <input type="checkbox"/> Fore Foot Post Extrinsic Intrinsic | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Varus <input type="checkbox"/> Valgus | Left _____° Right _____° Left _____° Right _____° |
| | <input type="checkbox"/> 1st Ray Cutout | <input type="checkbox"/> L <input type="checkbox"/> R | | |
| | <input type="checkbox"/> 1st Met Cutout | <input type="checkbox"/> L <input type="checkbox"/> R | | |
| | <input type="checkbox"/> Heel Cup | <input type="checkbox"/> Flat <input type="checkbox"/> Mild | <input type="checkbox"/> Deep | |
| | <input type="checkbox"/> Heel Hole | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" | |
| | <input type="checkbox"/> PMP Pad | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm | <input type="checkbox"/> Sulcus <input type="checkbox"/> End of Toes |
| | <input type="checkbox"/> Toe Crest | <input type="checkbox"/> L <input type="checkbox"/> R | | |
| | <input type="checkbox"/> Flange/Flare | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Medial <input type="checkbox"/> Lateral | <input type="checkbox"/> Hard <input type="checkbox"/> Soft |
| | <input type="checkbox"/> Heel Skive | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Medial <input type="checkbox"/> Lateral | <input type="checkbox"/> 2mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm |
| | <input type="checkbox"/> Neuroma Pad | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 | <input type="checkbox"/> 4-5 |

ADDITIONAL INSTRUCTIONS



OFFICE USE ONLY

EA _____
 AL _____
 AH _____
 HW _____
 FT _____



HOW TO ORDER ORTHOTICS

Please fill out Patient Information neatly as we use this to create the documents you need for the insurance claim. If you have subscribed to our data package, please fill out all the fields

1 ORTHOTIC TYPE

MUST indicate the thickness and length of the topcover.

If full length the original liner **MUST** be removable

Shell thickness:

1mm - client weight under 120lbs

2mm - client weight under 190lbs

3mm- client weight over 190lbs

PREBUILT OPTIONS:

POL EVERYDAY: a great versatile option for runners, walking shoes or safety shoes.

POL DRESS: narrower grind in general but you can indicate if narrow pump

POL ACCOMMODATIVE: cushioning, shock absorptive, no hard shell. Needs extra depth footwear

POL REMOVABLE SANDAL: built into the sandal specifically, hard to transfer to other shoes

POL BIRKENSTOCK: Built in Orthotic, so make sure the sandal fits! Non exchangeable, non-returnable

BUILD YOUR OWN: you can select from the a la carte options if none of the prebuilt options are suitable

SPECIALITY ORTHOTICS:

Gait plate - for intoe or outoe

UCBL- for kids, high control to fit inside runner

Turbo Sport - sport specific to fit in a specific sport shoe or skate

2 WHAT SHOES WILL THE ORTHOTIC GO INTO

This field is **SUPER IMPORTANT** as it lets us know how to trim the finished orthotic.

Please ask your patient to specify which type of shoe.

3 WHAT SHOES WILL THE ORTHOTIC GO INTO

Choose the modifications you need as per the pathology your patient presents.

Remember, keep it simple!

FOR BEST FIT:

Always let your patient know that the liner in the shoes must be removable for a full length orthotic. Depending on the thickness of the liner, you can choose thin or thick top cover.

If the liner in the shoes is non removable then a sulcus or $\frac{3}{4}$ length profile is recommended.

GENTLE REMINDER:

Please fill out the patient information neatly so the insurance documents are accurate.

For any technical questions please **call Eric at 905.335.7029** or email **eric@premierorthoticslab.com**

