



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 Felt

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 Leather Skin (for 3/4 shells only)
 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	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> To IPJ <input type="checkbox"/> Soft <input type="checkbox"/> Rigid
	<input type="checkbox"/> End of Toes		
	<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	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Extrinsic <input type="checkbox"/> Varus <input type="checkbox"/> Left _____° <input type="checkbox"/> Right _____°
	<input type="checkbox"/> Fore Foot Post	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Extrinsic <input type="checkbox"/> Valgus <input type="checkbox"/> Left _____° <input type="checkbox"/> 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

R L

OFFICE USE ONLY

