

**Rush Order**  
**4 to 5 Days (\$25)**

OFFICE USE ONLY





















**CLINIC INFORMATION**

Clinic Name: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

**SELECT: MODIFICATIONS (if necessary)**

**STEP 3 MODIFICATIONS**

	<input type="checkbox"/> Metatarsal Pad	<input type="checkbox"/> L <input type="checkbox"/> 5mm	<input type="checkbox"/> R <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"/> 1mm	<input type="checkbox"/> R <input type="checkbox"/> 2mm	<input type="checkbox"/> 3mm
	<input type="checkbox"/> Heel Lift	<input type="checkbox"/> L _____ mm	<input type="checkbox"/> R _____ mm	<input type="checkbox"/> Removable <input type="checkbox"/> Attached
	<input type="checkbox"/> Morton's Ext <input type="checkbox"/> To IPJ <input type="checkbox"/> End of Toes	<input type="checkbox"/> L <input type="checkbox"/> Soft	<input type="checkbox"/> R <input type="checkbox"/> Rigid	
	<input type="checkbox"/> Reverse Morton's Ext	<input type="checkbox"/> L <input type="checkbox"/> 2mm	<input type="checkbox"/> R <input type="checkbox"/> 3mm	
	<input type="checkbox"/> Arch Fill	<input type="checkbox"/> L <input type="checkbox"/> Soft	<input type="checkbox"/> R <input type="checkbox"/> Medium	<input type="checkbox"/> Hard
	<input type="checkbox"/> Arch Strip	<input type="checkbox"/> L <input type="checkbox"/> Medial	<input type="checkbox"/> R <input type="checkbox"/> lateral	<input type="checkbox"/> Hard <input type="checkbox"/> Soft
	<input type="checkbox"/> Kinetic Wedge	<input type="checkbox"/> L <input type="checkbox"/> 2mm	<input type="checkbox"/> R <input type="checkbox"/> 3mm	
	<input type="checkbox"/> Neutral Heel Post <input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic (neutral)	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	Left _____° Right _____°	Left _____° Right _____°
	Extrinsic Heel Post Types	<input type="checkbox"/> Firm <input type="checkbox"/> Soft <input type="checkbox"/> Dual Density		
	<input type="checkbox"/> Fore Foot Post <input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic (neutral)	<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"/> 1"	<input type="checkbox"/> R <input type="checkbox"/> 1.5"	<input type="checkbox"/> 2"
	<input type="checkbox"/> PMP Pad	<input type="checkbox"/> L <input type="checkbox"/> 2mm	<input type="checkbox"/> R <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"/> Medial	<input type="checkbox"/> R <input type="checkbox"/> Lateral	<input type="checkbox"/> Hard <input type="checkbox"/> Soft
	<input type="checkbox"/> Heel Skive	<input type="checkbox"/> L <input type="checkbox"/> Medial	<input type="checkbox"/> R <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"/> 2-3	<input type="checkbox"/> R <input type="checkbox"/> 3-4	<input type="checkbox"/> 4-5

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Gender:  M  F

**SELECT: Type ( Options or Build Your Own or Specialty )**

**STEP 1 ORTHOTIC TYPE**

**MUST SELECT A TOP AND PROFILE**

**ORTHOTIC TOP**

**ORTHOTIC PROFILE**

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

**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 1/16 dress hyde

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

Eva shell with soft arch fill, full length diabetic topcover

**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 SPORT/RUN**  1mm  2mm  3mm

Standard flex shell with 1/16 ETC top and a red cushion layer for extra shock absorption

**POL BIRKENSTOCK**

Non-exchangeable/Not returnable

Built in orthotic  
 Orthotic Separate (please specify)

\*If no selection is made, default is full length POL Everyday with 1/8 ETC +2mm shell

OPTIONS

OR

BUILD YOUR OWN

**MUST SELECT SHELL THICKNESS, PROFILE AND A TOP**

**SHELL THICKNESS:**  1mm  2mm  3mm

**TOP:**

1/16"  1/8"

**PROFILE:**  Sulcus  Full  3/4

Hyde Skin Only

Cushioned Cotton

Hyde with cushion

Microcell Puff

Diabetic Top 3/16" (Add \$10)

black  pink swirl  black swirl

purple swirl  blue swirl  yellow swirl

1/4" P Cell

Spenco

OR

SPECIALTY

**SPECIALTY ORTHOTICS - optional**



**GAIT PLATE**

Induce in toeing

Induce out toeing

UCBL

• Deep heel

• Flanges

• Puff top

**TURBO SPORT**

Skate

Soccer

Golf

2mm Shell Default

**STEP 2 SHOE INFORMATION**

**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.

**ADDITIONAL INSTRUCTIONS**



OFFICE USE ONLY

EA \_\_\_\_\_ HW \_\_\_\_\_  
 AL \_\_\_\_\_ FT \_\_\_\_\_  
 AH \_\_\_\_\_



## 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

**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 options above are suitable

**SPECIALTY 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 MODIFICATIONS DO YOU NEED

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 us at 905.335.7029** or email [info@premierorthoticslab.com](mailto:info@premierorthoticslab.com)

