



E8-1155 Appleby Line, Burlington, ON L7L 5H9
 Tel: (905) 335-7029 Fax: (905) 335-4154
 Email: info@premierorthoticslab.com
 www.premierorthoticslab.com

OFFICE USE ONLY

Rush Order
4 to 5 Days (\$25)

CLINIC INFORMATION

Clinic Name: _____

Practitioner Name: _____

PATIENT INFORMATION

Patient Name: _____ Gender: _____
 Age: _____ Weight: _____ lbs Shoe Size: _____ M F

STEP 1 ORTHOTIC TYPE

POL EVERYDAY

Standard flex 100% memory shell. Full length ETC top for sweat control. Perfect for runners, workboots and everyday walking shoes

What TOP do you want?	Thin Top (1/16")	Thick Top (1/8")
What PROFILE do you want?	Full	Sulcus 3/4

POL DRESS

Dress flex (2mm) shell with 1/16 dress hyde top

What PROFILE do you want?	Regular	Narrow
	Full	Sulcus 3/4

POL ACCOMMODATIVE

3mm EVA Shell with soft arch fill, full length diabetic topcover

POL SPORTS/RUN

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

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 in Step 3 section, or provide the sandal

F3 CUSHION

Lightest, greenest and most cushiony orthotic. 3D printed, 1/8 extra cushion top with memory foam. Full length top only, suitable for shoes with good removeable liners

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

TOP COVER OPTIONS

Top Thickness <i>If not selected or noted above</i>	Microcell Puff	1/16" Dress (Hyde with cushion)
1/16"	Black	1/8" F3 Top (Hyde with cushion)
1/8"	Black Swirl	Diabetic Top 3/16" (Add \$10)
	Pink Swirl	1/4" P Cell
	Blue Swirl	Spenco
		Cushioned Cotton (etc)

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

ADDITIONAL INSTRUCTIONS



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EA _____ HW _____
 AL _____ FT _____
 AH _____

Shell Thickness Guide:

1mm
 client weight
 under 120lbs

2mm
 client weight
 under 190lbs

3mm
 client weight
 over 190lbs

STEP 2 MODIFICATIONS

	Heel Spur Pad Left Right		Heel Cushion Left Right
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	Kinetic Wedge Left Right		1st Ray Cutout Left Right
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	Heel Hole Left Right		1st Met Cutout Left Right
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	Toe Crest Left Right		PMP Pad Left Right
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	Reverse Morton's Ext Left Right		Metatarsal Pad Left Right		Heel Cup Mild Deep
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	Neuroma Pad Left Right 2-3 3-4 4-5		Morton's Ext To IPJ End of Toes Left Right		Arch Strip Left Right Medial Lateral
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	Heel Post Neutral Left		Extrinsic Intrinsic Varus Valgus Left Right		Fore Foot Post Neutral Left		Extrinsic Intrinsic Varus Valgus Left Right
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	Heel Lift Left Right Attached	mm mm Removable		Flange/Flare Left Right Medial Lateral Hard Soft
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STEP 3 SHOE INFORMATION

MUST PROVIDE SHOE INFORMATION

WHAT SHOES WILL THESE ORTHOTICS BE GOING INTO?

Make: _____

1 Model: _____
 Size/Width: _____ With Orthotic

Make: _____

2 Model: _____
 Size/Width: _____ With Orthotic

Total Number of Orthotics Ordered: _____ **Shoes Ordered:** _____

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**