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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

POL EVERYDAY 1mm 2mm 3mm
 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 Regular Narrow
 Dress flex (2mm) shell with 1/16 dress hyde top
What PROFILE do you want? Full Sulcus 3/4

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

POL SPORTS/RUN 1mm 2mm 3mm
 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 1mm 2mm 3mm
 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 3D shell

TOP COVER OPTIONS

Top Thickness Microcell Puff 1/16" Dress (Hyde with cushion)
 If not selected or noted above Black 1/8" F3 Top (Hyde with cushion)
 1/16" Black Swirl Diabetic Top 3/16" (Add \$10)
 1/8" 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 3D Printed is our Default

ADDITIONAL INSTRUCTIONS

L _____
 R _____

OFFICE USE ONLY

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

	<input type="radio"/> Heel Spur Pad <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> Heel Cushion <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Kinetic Wedge <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> 1st Ray Cutout <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Heel Hole <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> 1st Met Cutout <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Toe Crest <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> PMP Pad <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Reverse Morton's Ext <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> Metatarsal Pad <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Heel Cup <input type="radio"/> Mild <input type="radio"/> Deep		<input type="radio"/> Neuroma Pad <input type="radio"/> Left <input type="radio"/> Right
	<input type="radio"/> Morton's Ext <input type="radio"/> To IPJ <input type="radio"/> End of Toes <input type="radio"/> Left <input type="radio"/> Right		<input type="radio"/> Arch Strip <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Medial <input type="radio"/> Lateral
	<input type="radio"/> Heel Post <input type="radio"/> Extrinsic (3D printed) <input type="radio"/> Intrinsic <input type="radio"/> Neutral <input type="radio"/> Varus <input type="radio"/> Valgus Left ____° Right ____°		<input type="radio"/> Fore Foot Post <input type="radio"/> Extrinsic (3D printed) <input type="radio"/> Intrinsic <input type="radio"/> Neutral <input type="radio"/> Varus <input type="radio"/> Valgus Left ____° Right ____°
	<input type="radio"/> Heel Lift <input type="radio"/> Left ____mm <input type="radio"/> Right ____mm <input type="radio"/> Attached <input type="radio"/> Removable		<input type="radio"/> Flange/Flare <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Medial <input type="radio"/> Lateral <input type="radio"/> Hard <input type="radio"/> Soft

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:** _____

Our shells are made using 3D Print which makes us more environmentally friendly