E8-1155 Appleby Line, Burlington, ON L7L 5H9
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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 shell

TOP COVER OPTIONS

Top Thickness
If not selected or noted above
☐ 1/16"
☐ 1/8"

☐ Microcell Puff
- ☐ Black
- ☐ Black Swirl
- ☐ Pink Swirl
- ☐ Blue Swirl

☐ 1/16" Dress (Hyde with cushion)
☐ 1/8" F3 Top (Hyde with cushion)
☐ Diabetic Top 3/16" **(Add $10)**
☐ 1/4" P Cell
☐ Spenco
☐ Cushioned Cotton (etc)

SPECIALTY ORTHOTICS - *optional*

GAIT PLATE
☐ Induce in toeing
☐ Induce out toeing

☐ **UCBL**
- Deep heel
- Flanges
- Puff top

2mm Shell Default

TURBO SPORT
☐ Skate
☐ Soccer
☐ Golf

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

☐ Heel Spur Pad ☐ Left ☐ Right

☐ Heel Cushion ☐ Left ☐ Right

☐ Kinetic Wedge ☐ Left ☐ Right

☐ 1st Ray Cutout ☐ Left ☐ Right

☐ Heel Hole ☐ Left ☐ Right

☐ 1st Met Cutout ☐ Left ☐ Right

☐ Toe Crest ☐ Left ☐ Right

☐ PMP Pad ☐ Left ☐ Right

☐ Reverse Morton's Ext ☐ Left ☐ Right

☐ Metatarsal Pad ☐ Left ☐ Right

☐ Heel Cup ☐ Mild ☐ Deep

☐ Neuroma Pad
☐ Left ☐ Right
☐ 2-3 ☐ 2-3
☐ 3-4 ☐ 3-4
☐ 4-5 ☐ 4-5

☐ Morton's Ext
☐ To IPJ
☐ End of Toes
☐ Left
☐ Right

☐ Arch Strip ☐ Left ☐ Right ☐ Medial ☐ Lateral

Heel Post ☐ Extrinsic ☐ Intrinsic
☐ Neutral ☐ Varus ☐ Valgus
Left ° Right °

Fore Foot Post ☐ Extrinsic ☐ Intrinsic
☐ Neutral ☐ Varus ☐ Valgus
Left ° Right °

☐ Heel Lift
☐ Left mm
☐ Right mm
☐ Attached ☐ Removable

☐ Flange/Flare
☐ Left ☐ Right
☐ Medial ☐ Lateral
☐ Hard ☐ 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:** _____

CLEAR FORM SAVE FORM PRINT