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OFFICE USE ONLY

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

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Shoe Size: \_\_\_\_\_ M F

**CLINIC INFORMATION**

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

**STEP 1**

**ORTHOTIC TYPE**

**Flex Cushion Firm**

**Full Sulcus 3/4**

**POL EVERYDAY**  
 Perfect for workboots, walking shoes and casual shoes with 1/8" ETC top good for sweat absorption

**POL DRESS**  
 Narrower profile with 1/16" dress hyde top cover

**POL SPORT/RUN**  
 Shock absorption with a milder heel cup. and 1/16" ETC top. For running and sports

**F3 CUSHION**  
 Cushion with full length 1/8" F3 hyde cushion top

**UCBL**  
 Deep heel, flanges with 1/8" black puff top cover

**POL ACCOMMODATIVE**  
 Flex with full length diabetic top cover

**SKATE/SOCCER**  
 Cushion with full length 1/16" puff top cover and mild heel cup

**If no selection is made, default is POL Everyday**

**GAIT PLATE** To induce IN-TOE To induce OUT-TOE  
 Gait Plate devices are full length cushion with 1/8" ETC top cover

**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 of sandal in Step 3 section, or provide the sandal.**

**TOP COVER SUBSTITUTIONS - OPTIONAL**

**Thin Top 1/16"**

**ThickTop 1/8"**

Black Puff

Black Swirl Puff

Pink Swirl Puff

Blue Swirl Puff

F3 Hyde with cushion

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

Cushioned Cotton (etc)

P-cell (1/4 inch)

**ADDITIONAL INSTRUCTIONS**



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

**Shell Thickness Guide:**

**FLEX**  
 client weight  
 under 120lbs

**Cushion**  
 client weight  
 under 190lbs

**FIRM**  
 client weight  
 over 190lbs

**STEP 2**

**MODIFICATIONS**

All orthotics have built in heel cushion relief

Heel Spur Pad Left Right	1st Ray Cutout Left Right
Kinetic Wedge Left Right	1st Met Cutout Left Right
Toe Crest Left Right	PMP Pad Left Right
Metatarsal Pad Left Right	Heel Cup Mild Deep
Heel Post Varus Valgus Left ° Right °	Neuroma Pad Left Right 2-3 2-3 3-4 3-4 4-5 4-5
Fore Foot Post Varus Valgus Left ° Right °	Morton's Ext To IPJ End of Toes Left Right
Heel Lift Left mm Right mm Attached Removable	Flange Left Right Medial Lateral

**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:** \_\_\_\_\_