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PATIENT INFORMATION

Patient: _____ Date of Birth: _____

Level of Activity: ☐ LOW ☐ MEDIUM ☐ HIGH Diagnosis: _____

CLINIC ACCOUNT INFORMATION:

PO #: _____ Shipping: _____

City: _____ State: _____ Zip: _____

Approx. Weight (lbs.)	Age	Shoe Size	Shoe Width	Gender	Shoe Style

CONTROL OPTIONS		TOP COVERS	
☐ Rigid 3mm Polypropylene	☐ Vinyl Naugahyde	☐ Black	☐ Blue
☐ Semi-Rigid 3mm Poly-pro	☐ Suede Cover	☐ Black	☐ Brown ☐ Light Grey
☐ EVA (Crepe)	☐ Diabetic Top Cover (Plastozote & Poron)		
☐ Cork Shell Full Length	☐ Neoprene Cover	☐ Bamboo	☐ Black ☐ Red ☐ Blue ☐ 1/16" ☐ 1/8"
☐ Graphite 3mm Shell	☐ Orthopedic Leather (light weight)	☐ Swirl EVA	☐ Blue ☐ Pink ☐ Grey •Other: _____

TOP COVER DEPTH		TOP COVER LENGTH	POSTING OPTIONS
☐ PPT Mid-Layer	☐ 1/16" ☐ 1/8"	☐ Mets (Shell) 3/4" Length Met Heads	☐ Forefoot: Medial ☐ Right ____° Varus/Valgus
☐ 1/8" Thickness		☐ Sulcus Length	☐ Rearfoot: Lateral ☐ Right ____° Varus/Valgus
☐ 3/16" Thickness		☐ Toes (Full Length) PPT	☐ Forefoot: Medial ☐ Left ____° Varus/Valgus
			☐ Rearfoot: Lateral ☐ Left ____° Varus/Valgus

MODIFICATIONS	
Arch Height: Same ☐ Lower ☐ Higher ☐	Off-load Heel: ☐ Right ☐ Left
Heel Lift: Right ☐ Left ☐ _____ inches	Off-Load Arch: ☐ Right ☐ Left
Arch Fill: ☐ Minimum ☐ Standard ☐ Maximum	Plantar Fascia Groove: ☐ Right ☐ Left
Metatarsal Pad: ☐ Right ☐ Left ☐ Small ☐ Med. ☐ Large	Off-Load Base of 5th: ☐ Right ☐ Left
Metatarsal Bar: ☐ Right ☐ Left	Sweet Spot Arch: ☐ Right ☐ Left
Charcot Deformity: ☐ Right ☐ Left	Morton's Extension Carbon Foot Plate: ☐ Right ☐ Left
Morton's Extension: ☐ Right ☐ Left	Full Length Carbon Foot Plate: ☐ Right ☐ Left
Left Offload Met. Heads: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Left Offload Distal Digits: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐
Right Offload Met. Heads: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Right Offload Distal Digits: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐
Left Sweet Spot Met. Heads: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Left Sweet Spot Distal Digits: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐
Right Sweet Spot Met. Heads: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Right Sweet Spot Distal Digits: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐
Toe Filler (Left Foot): 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Lateral Flange ☐ Right ☐ Left
Toe Filler (Right Foot): 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	Medial Flange ☐ Right ☐ Left
Heel Cup: Shallow ☐ Medium ☐ Deep ☐	

MANUFACTURING INSTRUCTIONS:

