

Date: _____ PO#: _____ Account #: _____

Doctor: _____

Address: _____

City: _____ State / Zip: _____ Phone: _____

PATIENT NAME: _____ Med Rec #: _____

Dx: _____ Dr. Email: _____

For PROLAB
office use only

SCAN

Asymmetric Feet? Yes No Male Female Age: _____ Weight (required): _____ Shoe Size: _____ Shoe Enclosed

Select **ONLY ONE** device in Part A (descriptions on back) –OR– Complete Part B

- A PATHOLOGY SPECIFIC ORTHOSES™**
- Achilles Tendinitis
 - Calcaneal Apophysitis
 - Hallux Limitus/HAV
 - Intoeing Gait (gait plate)
 - Lateral Ankle Instability/Peroneal Tendinitis
 - Metatarsalgia
 - Neuroma
 - Pediatric Flatfoot
 - Pes Cavus with Rigid Forefoot
 - Plantar Fasciitis due to Everted Rearfoot
 - Plantar Fasciitis due to Forefoot Valgus
 - Posterior Tibialis Dysfunction
Navicular sweet spot (mark on cast) R L
 - Sesamoiditis
 - Sinus Tarsi Syndrome
 - Tarsal Tunnel Syndrome

- SPECIALTY ORTHOSES**
- ProAerobic Med Firm
 - Cobra
 - Featherweight Med Firm
 - Graphite Dress
 - Graphite Functional
 - Holetotic
 - Plastazote Functional Med Firm
 - UCBL
- DIABETIC ACCOMMODATIVE***
(Foam Box Required)
Milled EVA Shell
 Med Firm
*Includes diabetic topcover (leather / P-cell / Poron)

- B POLYPROPYLENE SHELL**
Choose ONE manufacturing method below
- Vacuum-Formed (VAC) – Black
 - Vacuum-Formed (VAC) – White
 - Milled (white only; includes poly post)
 - No Post

- SHELL RIGIDITY**
- Choose Poly Thickness –OR– Choose Shell Rigidity
- 2mm (milled only)
 - 3mm
 - 4mm
 - 5mm
 - 6mm
- Patient Weight (required): _____
- Flexible
 - Semirigid
 - Rigid

SIZE & CASTWORK (defaults in bold)

HEEL CUP DEPTH	WIDTH	CAST FILL	MEDIAL HEEL SKIVE	INVERT	SHELL ACCOMMODATIONS
<input type="checkbox"/> Shallow (10mm)	<input type="checkbox"/> Narrow	Minimum <input type="checkbox"/> R <input type="checkbox"/> L	2mm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> ° R <input type="checkbox"/> ° L	Medial Flange <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Standard (14mm)	<input type="checkbox"/> Standard	Standard <input type="checkbox"/> R <input type="checkbox"/> L	4mm <input type="checkbox"/> R <input type="checkbox"/> L		PF Groove <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Deep (18mm)	<input type="checkbox"/> Wide	Maximum <input type="checkbox"/> R <input type="checkbox"/> L	6mm <input type="checkbox"/> R <input type="checkbox"/> L		Sweet Spot (w/ Poron) <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> _____ mm					1st Ray Cut-out <input type="checkbox"/> R <input type="checkbox"/> L

PLANTAR VIEW



Note WB heel width and mark all accommodations

REARFOOT POST	TOPCOVER OPTIONS	FOREFOOT EXTENSIONS
<p>TYPE</p> <input type="checkbox"/> Standard <input type="checkbox"/> Spot Grind <input type="checkbox"/> Strip <input type="checkbox"/> Hole	<p>LENGTH</p> <input type="checkbox"/> Toes	<p><input type="checkbox"/> R <input type="checkbox"/> L</p> <p>LENGTH</p> <input type="checkbox"/> Toes <input type="checkbox"/> Sulcus <input type="checkbox"/> Beveled on Device
<p>MOTION</p> <input type="checkbox"/> 0/0 <input type="checkbox"/> 4/4	<p>GLUING</p> <input type="checkbox"/> Glue All <input type="checkbox"/> Glue Posterior Half <input type="checkbox"/> Glue Heel Only	<p>MATERIAL</p> <input type="checkbox"/> Poron <input type="checkbox"/> Korex <input type="checkbox"/> EVA <input type="checkbox"/> Soft <input type="checkbox"/> Firm
<p>MATERIAL</p> <input type="checkbox"/> EVA <input type="checkbox"/> Polypropylene	<p>MATERIAL</p> <input type="checkbox"/> 3mm Soft EVA (tricolor) <input type="checkbox"/> 3mm Soft EVA (black) <input type="checkbox"/> 3mm Firm EVA (black) <input type="checkbox"/> Diabetic (leather / P-cell / Poron) <input type="checkbox"/> Leather (black) <input type="checkbox"/> Nylene <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> Sport <input type="checkbox"/> Vinyl	<p>THICKNESS</p> <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 5mm <input type="checkbox"/> 6mm
<p>BEVEL (Do not bevel post...)</p> <p>Medially <input type="checkbox"/> R <input type="checkbox"/> L Laterally <input type="checkbox"/> R <input type="checkbox"/> L</p>	<p><input type="checkbox"/> Add Poron under topcover <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> Bottom Cover (vinyl)</p>	<p>ADD</p> <input type="checkbox"/> Slot (mark on diagram) _____ R _____ L <input type="checkbox"/> Punch (mark on diagram) _____ R _____ L <input type="checkbox"/> Valgus Extension _____ ° R _____ ° L <input type="checkbox"/> Varus Extension _____ ° R _____ ° L <input type="checkbox"/> Rev. Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L

SPECIAL ADDITIONS

- Arch Pad R L
- EVA Arch Fill R L
 - Medium
 - Firm
- Heel Lift _____ mm R _____ mm L
 Taper lift to mets (requires EVA fill)
- Heel Pad R L
- Horseshoe Pad R L
- Metatarsal Pad R L
- Metatarsal Bar R L
- Neuroma Pad R L
 _____ Interspace
- Toe Filler (must send shoes) R L

SPECIAL INSTRUCTIONS – Extra charges may apply

- Adjust (within 90 days of original order)
 - Refurbish as before Refurbish as prescribed above
- _____

- ORDER PROCESSING** RUSH – 1 day in lab
(Rush items ship overnight) RUSH – 3 day in lab
- SPECIAL SHIPPING** FedEx Overnight
 FedEx Ground
 Ship to Patient

REORDERS

- (Fax reorders to 707-257-4420)
- Exactly as before
 - As prescribed above
- Image #** _____
(Reference number from bottom of orthotics)

Doctor's Signature (required) _____

The predefined orthotic prescriptions below (found in Part A on reverse side) incorporate evidence-based research to address specific pathomechanics. To make changes to any defaults, mark in Part B.

Please Note: Foam boxes are not accepted for functional orthoses.

PATHOLOGY SPECIFIC ORTHOSES™ DESCRIPTIONS

- Achilles Tendinitis** – Milled, 14mm heel cup, wide, standard cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes, 3mm heel lift
- Calcaneal Apophysitis** – Milled, 20mm heel cup, wide, minimum cast fill, 0/0 poly rearfoot post, EVA cover to toes, Poron heel pad, 3mm heel lift
- Hallux Limitus / HAV** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
- Intoeing Gait (gait plate)** – VAC (black), with shell extended past 4th and 5th met heads, 14mm heel cup, wide, standard fill, 0/0 firm EVA rearfoot post
- Lateral Ankle Instability / Peroneal Tendinitis** – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension
- Metatarsalgia** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, 3mm Poron forefoot extension, Poron metatarsal bar
- Neuroma** – Milled, 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes glued posterior half only, 1.5mm Poron forefoot extension, neuroma pad (3rd interspace)
- Pediatric Flatfoot** – Milled, 18mm heel cup, wide with medial flange, minimum cast fill, 4mm medial heel skive, 4° inversion, 0/0 extra-long poly rearfoot post
- Pes Cavus with Rigid Forefoot** – VAC (black), 14mm heel cup, wide, very minimum cast fill, 0/0 firm EVA rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension, 3mm heel lift
- Plantar Fasciitis due to Everted Rearfoot** – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
- Plantar Fasciitis due to Forefoot Valgus** – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post, EVA cover to toes, 3° valgus extension
- Posterior Tibialis Dysfunction** – VAC (black), 20mm heel cup, wide with medial flange, standard cast fill, 4mm medial heel skive, 0/0 firm EVA rearfoot post, EVA cover to toes
- Sesamoiditis** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2mm medial heel skive, 3° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
- Sinus Tarsi Syndrome** – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
- Tarsal Tunnel Syndrome** – VAC (black), 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 firm EVA rearfoot post, EVA cover to toes, 3mm heel lift

SPECIALTY ORTHOSES

FUNCTIONAL

- ProAerobic** – 3mm VAC (black), 14mm heel cup, standard width, standard cast fill, medium EVA arch fill, 0/0 firm EVA rearfoot post, sport cover to toes, EVA bottom cover
- Cobra** – 3mm VAC (black), 8mm heel cup, narrow with cobra cutout, standard cast fill, extended medium EVA arch fill, 1.5mm nylene cover to sulcus
- Featherweight** – 3mm VAC (black), 14 mm heel cup, standard width, standard cast fill, extended medium EVA arch fill, 3mm nylene cover to toes
- Graphite Dress** – Graphite, 8mm heel cup, narrow, standard cast fill, vinyl cover to sulcus
- Graphite Functional** – Graphite, 14mm heel cup, standard width, standard cast fill, vinyl cover to sulcus
- Holethotic** – VAC (black), 8mm heel cup, narrow, standard cast fill, ground through at heel (hole), vinyl cover to sulcus
- Plastazote Functional** – Plastazote shell, 14mm heel cup, standard width, standard cast fill, 3mm nylene cover to toes
- UCBL** – VAC (black), 30mm heel cup, standard width with medial and lateral flanges, standard cast fill, 0/0 firm EVA rearfoot post

ACCOMMODATIVE DIABETIC (Foam Box REQUIRED) – Milled, full length EVA shell, 14mm heel cup, wide,

Diabetic cover (leather / P-cell / Poron to toes)

POLYPROPYLENE SHELL RIGIDITY GUIDELINES*

		PATIENT WEIGHT				
		<100 lb	100-150 lb	151-200 lb	201-250 lb	>250 lb
POLY THICKNESS	2mm (milled only)	Flexible	Very Flexible			
	3mm	Semirigid	Flexible	Very Flexible		
	4mm	Rigid	Semirigid	Flexible	Very Flexible	
	5mm	Very Rigid	Rigid	Semirigid	Flexible	Very Flexible
	6mm		Very Rigid	Rigid	Semirigid	Flexible

*The above rigidity chart is provided as a guideline only. Shell flexibility will vary with foot shape, foot size, prescription options, and manufacturing methods.