

Date: \_\_\_\_\_ PO#: \_\_\_\_\_ Account #: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

Dx: \_\_\_\_\_ Dr. Email: \_\_\_\_\_

**For PROLAB  
office use only**

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"/> <b>Standard (14mm)</b>	<input type="checkbox"/> <b>Standard</b>	<b>Standard</b> <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><b>TYPE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard</li> <li><input type="checkbox"/> Spot Grind</li> <li><input type="checkbox"/> Strip</li> <li><input type="checkbox"/> Hole</li> </ul> <p><b>MOTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0/0</li> <li><input type="checkbox"/> 4/4</li> </ul> <p><b>MATERIAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EVA</li> <li><input type="checkbox"/> Polypropylene</li> </ul> <p><b>BEVEL</b> (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><b>LENGTH</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toes</li> <li><input type="checkbox"/> Sulcus</li> <li><input type="checkbox"/> Mets</li> </ul> <p><b>GLUING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Glue All</li> <li><input type="checkbox"/> Glue Posterior Half</li> <li><input type="checkbox"/> Glue Heel Only</li> </ul> <p><b>MATERIAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3mm Soft EVA (tricolor)</li> <li><input type="checkbox"/> <b>3mm Soft EVA (black)</b></li> <li><input type="checkbox"/> 3mm Firm EVA (black)</li> <li><input type="checkbox"/> Diabetic (leather / P-cell / Poron)</li> <li><input type="checkbox"/> Leather (black)</li> <li><input type="checkbox"/> Nylene <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> Sport</li> <li><input type="checkbox"/> Vinyl</li> <li><input type="checkbox"/> Add Poron under topcover <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm</li> <li><input type="checkbox"/> Bottom Cover (vinyl)</li> </ul>	<p><b>LENGTH</b> <input type="checkbox"/> R <input type="checkbox"/> L</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toes</li> <li><input type="checkbox"/> <b>Sulcus</b></li> <li><input type="checkbox"/> Beveled on Device</li> </ul> <p><b>MATERIAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Poron</li> <li><input type="checkbox"/> Korex</li> <li><input type="checkbox"/> EVA <input type="checkbox"/> Soft <input type="checkbox"/> Firm</li> </ul> <p><b>THICKNESS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1.5mm <input type="checkbox"/> <b>3mm</b> <input type="checkbox"/> 5mm <input type="checkbox"/> 6mm</li> </ul> <p><b>ADD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slot (mark on diagram)</li> <li><input type="checkbox"/> Punch (mark on diagram)</li> <li><input type="checkbox"/> Valgus Extension _____° R _____° L</li> <li><input type="checkbox"/> Varus Extension _____° R _____° L</li> <li><input type="checkbox"/> Rev. Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L</li> <li><input type="checkbox"/> Morton's Extension <input type="checkbox"/> R <input type="checkbox"/> L</li> </ul> <p>Unweight met heads #:</p>

**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 items ship overnight)
- RUSH – 1 day in lab
  - 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 <small>(milled only)</small>	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.