



PRACTITIONER DETAILS

NAME
ADDRESS
EMAIL
TEL.

SERVICE: 10 WORK. DAYS 5 WORK. DAYS*
**Inc. Next Day Delivery - Charges Apply*

ORDER TYPE: 1ST PRESCRIPTION PROTECT CLAIM
REPEAT GUARANTEE
REFURBISHMENT REPLACEMENT

ACCOUNT NUMBER

PATIENT DETAILS

NAME
MALE FEMALE AGE WEIGHT

SHOE SIZE* *Required
PAIR LEFT RIGHT

For ALL full-length devices please provide a scaled template or measurements of the patient's current shoe insole. Failure to provide this will result in delays.

CAST SPECIFICATION

ARCH PROFILE: NO ADDITION STANDARD 3MM ADDITION (LOWERING ARCH) EXTRA 3MM ADDITION (6MM)
LATERAL EXPANSION: NO ADDITION STANDARD 3MM ADDITION (WIDENING HEEL) EXTRA 3MM ADDITION (6MM)

REARFOOT POSTING

L MED LAT | HEEL RAISE MM KIRBY SKIVE MM
R MED LAT | HEEL RAISE MM KIRBY SKIVE MM

FOREFOOT POSTING

L MED LAT
R MED LAT

DENSITY COMBINATION / SELECTION

(Select combination and indicate density in each area on the diagram you select below)

SHELL LENGTH: 3/4 LENGTH SULCUS FULL LENGTH

	COMBINATION 1 Rearfoot Medially Extended Midfoot Forefoot	COMBINATION 2 Rearfoot Laterally Extended Midfoot Forefoot	COMBINATION 3 Rearfoot Medially Extended Midfoot / Forefoot Combined
L LOW DENSITY			
M MEDIUM DENSITY			
H HIGH DENSITY			
	COMBINATION 4 Rearfoot Laterally Extended Midfoot / Forefoot Combined	COMBINATION 5 Midfoot / Forefoot Combined Forefoot	COMBINATION 6 Single Density
			CUSTOM COMBINATION Draw your design below

MID LAYER CUSHIONING

LENGTH TO: 3/4 LENGTH FOREFOOT ONLY FULL LENGTH

MATERIAL:

PPT (15mm)	<input type="checkbox"/>	PORON (GREY, 16mm)	<input type="checkbox"/>	EVA (LOW DENS, 1mm)	<input type="checkbox"/>
PPT (3mm)	<input type="checkbox"/>	PORON (GREY, 3.2mm)	<input type="checkbox"/>	EVA (LOW DENS, 3mm)	<input type="checkbox"/>
PPT (4.5mm)	<input type="checkbox"/>	PORON (GREY, 6.4mm)	<input type="checkbox"/>	EVA (LOW DENS, 6mm)	<input type="checkbox"/>
PPT (6mm)	<input type="checkbox"/>	PORON (GREY, 12mm)	<input type="checkbox"/>	EVA (MEDIUM DENS, 1mm)	<input type="checkbox"/>
PORON 92 (3mm)	<input type="checkbox"/>	PORON XRD (1.5mm)	<input type="checkbox"/>	EVA (MEDIUM DENS, 2mm)	<input type="checkbox"/>
PORON 92 (6mm)	<input type="checkbox"/>	PORON XRD (3mm)	<input type="checkbox"/>	EVA (MEDIUM DENS, 3mm)	<input type="checkbox"/>
PORON 94 (1.5mm)	<input type="checkbox"/>	PORON XRD (6mm)	<input type="checkbox"/>	EVA (MEDIUM DENS, 4mm)	<input type="checkbox"/>
PORON 94 (3mm)	<input type="checkbox"/>			EVA (MEDIUM DENS, 6mm)	<input type="checkbox"/>
PORON 94 (6mm)	<input type="checkbox"/>			EVA (HIGH DENS, 6mm)	<input type="checkbox"/>

OTHER MATERIAL:

SHELL SPECIFICATION

HIGH MED. FLANGE L R 1st MET CUT OUT L R
LATERAL FLANGE L R 1st RAY CUT OUT L R
HEEL CUP HEIGHT L R MM REDUCE BULK L R
CUT ORTHOSES NARROW L R

TOP COVER

LENGTH TO: 3/4 LENGTH SULCUS FULL LENGTH

MATERIAL:

NEOPRENE (BLACK, 15mm)	<input type="checkbox"/>	EVA PLAIN (BLACK)	<input type="checkbox"/>	LBG VINYL (BLACK)	<input type="checkbox"/>
NEOPRENE (BLACK, 3mm)	<input type="checkbox"/>	EVA PLAIN (BLUE)	<input type="checkbox"/>	ULTRA VINYL (BLACK)	<input type="checkbox"/>
SUEDE (BLACK)	<input type="checkbox"/>	EVA MARBLE (BLACK)	<input type="checkbox"/>	RX VINYL (BLACK)	<input type="checkbox"/>
SUEDE (BEIGE)	<input type="checkbox"/>	EVA MARBLE (BLUE)	<input type="checkbox"/>	RX VINYL (BEIGE)	<input type="checkbox"/>
LEATHER (CALF SKIN, BLACK)	<input type="checkbox"/>	EVA MULTI (5 COLOUR)	<input type="checkbox"/>	RX VINYL (GREY)	<input type="checkbox"/>
LEATHER (PIG SKIN, BEIGE)	<input type="checkbox"/>	EVA PERFORATED (BLACK, 15mm)	<input type="checkbox"/>	RX VINYL (PINK)	<input type="checkbox"/>
LEATHER (RX COW SKIN, GREY)	<input type="checkbox"/>	EVA PERFORATED (BLACK, 3mm)	<input type="checkbox"/>	SPENCO (BLUE, 15mm)	<input type="checkbox"/>
		EVA PERFORATED (BLUE, 15mm)	<input type="checkbox"/>	SPENCO (GREEN, 3mm)	<input type="checkbox"/>
		EVA PERFORATED (BLUE, 3mm)	<input type="checkbox"/>		

OTHER MATERIAL:

ADDITIONS

TRADITIONAL ADDITION (Poron/EVA/Other)

INTEGRATED 3D PRINTED ADDITION (TPU - Polyurethane)

If you would like to have both integrated and traditional additions on your patient's orthotics please specify within the additional information box below.

BALANCE PAD



L 1 2 3 4 5

R 1 2 3 4 5

HEEL SPUR PAD



L R

MORTON EXTENSION



To Sulcus L R

To Toes L R

REVERSE MORT. EXT.



To Sulcus L R

To Toes L R

VALGUS PAD



L R

HEEL PAD



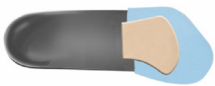
L R

HEEL PUNCH



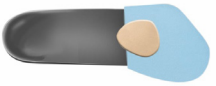
L R

MET BAR



S M L | L R

MET PAD



S M L | L R

FILL MEDIAL ARCH



L R

ADDITIONAL INFORMATION



RETURNS & ADJUSTMENTS INFORMATION

PRACTITIONER SIGNATURE:

DATE:

HPC NUMBER: