

Langer Direct Milled EVA 3-D Variable Density Foot Orthosis Order Form

Emerald Way - Stone Business Park - Staffs - ST15 0SR

Tel: 0845 6780 182 Fax: 0845 6780 183 Email: sales@langergrp.com Website: www.langergrp.com



Practitioner Details			Enclosures
Name: <input type="text"/>	Standard Delivery <input type="checkbox"/>	Send <input type="checkbox"/>	<input type="checkbox"/> Templates
Address: <input type="text"/>	5 Working Days <input type="checkbox"/>	via Courier <input type="checkbox"/>	<input type="checkbox"/> Shoes
<input type="text"/>	2 Working Days <input type="checkbox"/>	(premium will apply)	<input type="checkbox"/> Orthoses
E-mail: <input type="text"/>	Tel: <input type="text"/>		<input type="checkbox"/> Podotracks

Patients Details			Cast Position
Name: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age <input type="text"/>	Weight <input type="text"/>
Main Complaint: <input type="text"/>	Protect Claim <input type="text"/>	Repeat Order <input type="checkbox"/>	
Shoe Size / Width: <input type="text"/>	Manufacturer: <input type="text"/>	<input type="checkbox"/> Pair <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> ST Neutral
			<input type="checkbox"/> Semi Pronated
			<input type="checkbox"/> Other

Material Combinations					
Combination 1 Rearfoot Medially Extended Midfoot Forefoot	Combination 2 Rearfoot Laterally Extended Midfoot Forefoot	Combination 3 Rearfoot Medially Extended Midfoot / Forefoot Combined	Combination 4 Rearfoot Laterally Extended Midfoot / Forefoot Combined	Combination 5 Rearfoot / Midfoot Combined Forefoot	Combination 6 Single Material

Material Selection (indicate letter in each area on diagram for your selected combination)

A High Density EVA (Black) **B** Medium Density EVA (Blue) **C** Low Density EVA (Grey)

D High Density NORA EVA (Beige) **E** Medium Density NORA EVA (Beige) **F** Low Density NORA EVA (Beige) **G** PU (Combination 6 only)

Dimensions

Length: Full Length Sulcus Length Half Length Finished Heel Cup Depth: mm

Finished Thickness: Under Heel mm Forefoot mm Finished Arch Height: mm

Posting	Accommodations
LEFT:	<input type="checkbox"/> 1st MPJ/Ray Cut Out (delete)
Rearfoot <input type="checkbox"/> Post to Cast OR <input type="text"/> ° Medial/Lateral	<input type="checkbox"/> Met Raise in Shell
Forefoot <input type="checkbox"/> Post to Cast OR <input type="text"/> ° Medial/Lateral	<input type="checkbox"/> Plantar Fascial Groove
Raised Heel <input type="text"/> mm <input type="checkbox"/> FHL <input type="checkbox"/> Sulcus <input type="checkbox"/> 2-5	<input type="checkbox"/> Recess & Infill
RIGHT:	<input type="checkbox"/> Area 1 Material <input type="text"/> Depth <input type="text"/> mm
Rearfoot <input type="checkbox"/> Post to Cast OR <input type="text"/> ° Medial/Lateral	<input type="checkbox"/> Area 2 Material <input type="text"/> Depth <input type="text"/> mm
Forefoot <input type="checkbox"/> Post to Cast OR <input type="text"/> ° Medial/Lateral	<input type="checkbox"/> Area 3 Material <input type="text"/> Depth <input type="text"/> mm
Raised Heel <input type="text"/> mm <input type="checkbox"/> FHL <input type="checkbox"/> Sulcus <input type="checkbox"/> 2-5	<input type="checkbox"/> Area 4 Material <input type="text"/> Depth <input type="text"/> mm

Paddings / Top Covers

Left:

Right:

Do you require shoes with this order? Yes No

Size and Style

