

EVA ORTHOTIC RX FORM

Account # _____ P.O. #: _____
 Account Name _____
 Practitioner Name _____
 Phone _____ Fax _____
 Email _____
 Street Address _____
 City/St/Zip/Postal Code _____
 Recast from previous order
 Serial # _____
 5-Day Rush - (\$25 Fee)

LAB USE ONLY
 Serial # _____
 Opened By _____ Incoming Postage _____
 Date Received _____

Patient's Name _____
 Street Address _____
 City/St/Zip/Postal Code _____
 Telephone () _____
 Sex M F Age _____ Height _____ Weight _____
 Shoe Size _____
 LACED Low volume interior High volume interior
 Athletic Safety boots Other _____

Protect® Program Serial # _____ Repair Outgrow Loss ****Attach copy of patient's Protect Agreement****

ACCOMMODATIONS

Base Material

- 45 Durometer EVA
- 55 Durometer EVA

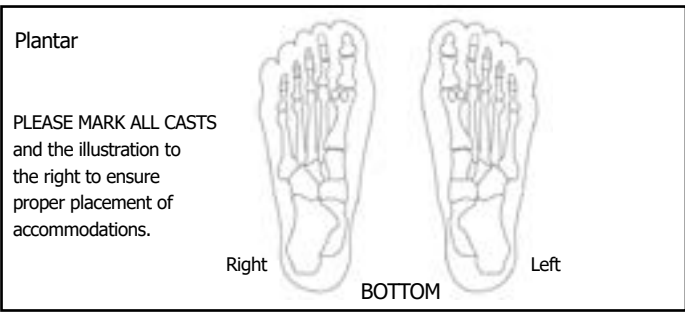
TOPCOVERS

- 1/8" Green EVA
- 1/8" Black Neoprene
- 3/16" PPT Plastazote
- 1/16" Black Neoprene
- 1/8" Marbled EVA

EVA BASE MODIFICATIONS

- Heel Seat Standard (10mm) Deep (16mm) Shallow(6mm)
- Width 1/8" Narrow 1/4" Narrow
- 1/8" Wide 1/4" Wide
- Arch Height As Cast/Scanned Lower 1/8" Raise 1/8"
- Flanges High Medial B/L Left Right
- High Lateral B/L Left Right
- Intrinsic Heel Cushion (Punch out + Fill with Foam) Left Right
- Heel Cushion 1/16" 1/8" Left Right
- Heel Spur U-Pad 1/8" Left Right
- Dancer's Pad Left Right
- Met Pad (2-4) Left Right
- Met Bar (1-5) Left Right
- Met Heads

Left	1	2	3	4	5
Right	1	2	3	4	5
- 5th Met Base Left Right



DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

