

PedAlign Order Form Guide

This guide is to provide instruction on completing the new PedAlign order form.

1 Choose your desired orthotic. Each orthotic comes with a standard top cover as shown at our website.

PRODUCT OPTIONS

<input type="checkbox"/> PERFORMANCE	<input type="checkbox"/> SPORT SOFT SUPPORT	<input type="checkbox"/> SPORT ULTRA	<input type="checkbox"/> FASHION
<input type="checkbox"/> SPORT ALL-AROUND	<input type="checkbox"/> DIAB-A-SOFT	<input type="checkbox"/> GAIT PLATE	<input type="checkbox"/> FASHION ULTRA-SLIM
<input type="checkbox"/> EASY-FIT	<input type="checkbox"/> DIAB-A-FLEX	<input type="checkbox"/> ECONO-FLEX	<input type="checkbox"/> PERFORMANCE ULTRA

2 Select your desired top cover length followed by your desired shell modifications.

SHELL OPTIONS

Device Top Cover Length (Check one)	Heel Seat (Check one)
<input type="checkbox"/> Met Length	<input type="checkbox"/> Standard (3/8")
<input type="checkbox"/> Sulcus Length	<input type="checkbox"/> Deep (5/8")
<input type="checkbox"/> Full Length	

SHELL MODIFICATIONS

Rigid Morton's Extension	1st Ray Cut	Kinetic Wedge	Medial Heel Skive	Plantar Fascial Groove	Lateral Heel Flange
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L

3 Detail here how you would like your orthotics posted.

POSTING OPTIONS: (Check and enter degree)

Varus or Valgus	Varus or Valgus	Varus or Valgus
Intrinsic RF post: Left ____ Right ____	Extrinsic Fore-Foot: Left: ____ Right ____	Extrinsic RF post: Left: ____ Right: ____

Heel Lift

L R B/L | 1/8" 1/4" 3/8" 1/2"

EVA Arch Fill

L R B/L

PedAlign

An OHI Company

CUSTOM ORTHOTIC RX FORM

Account Name: _____ Address: _____ Account Number: _____

Patient First Name: _____ Patient Last Name: _____

Shoe Size / Width: _____ Weight: _____ DOB: _____ Scale: Male Female Junior

PRODUCT OPTIONS

<input type="checkbox"/> PERFORMANCE	<input type="checkbox"/> SPORT SOFT SUPPORT	<input type="checkbox"/> SPORT ULTRA	<input type="checkbox"/> FASHION
<input type="checkbox"/> SPORT ALL-AROUND	<input type="checkbox"/> DIAB-A-SOFT	<input type="checkbox"/> GAIT PLATE	<input type="checkbox"/> FASHION ULTRA-SLIM
<input type="checkbox"/> EASY-FIT	<input type="checkbox"/> DIAB-A-FLEX	<input type="checkbox"/> ECONO-FLEX	<input type="checkbox"/> PERFORMANCE ULTRA

MODIFICATIONS

Please check all the options that may apply:

SHELL OPTIONS

Device Top Cover Length (Check one)	Heel Seat (Check one)
<input type="checkbox"/> Met Length	<input type="checkbox"/> Standard (3/8")
<input type="checkbox"/> Sulcus Length	<input type="checkbox"/> Deep (5/8")
<input type="checkbox"/> Full Length	

SHELL MODIFICATIONS

Rigid Morton's Extension	1st Ray Cut	Kinetic Wedge	Medial Heel Skive	Plantar Fascial Groove	Lateral Heel Flange
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L

POSTING OPTIONS: (Check and enter degree)

Varus or Valgus	Varus or Valgus	Varus or Valgus
Intrinsic RF post: Left ____ Right ____	Extrinsic Fore-Foot: Left: ____ Right ____	Extrinsic RF post: Left: ____ Right: ____

Heel Lift

L R B/L | 1/8" 1/4" 3/8" 1/2"

EVA Arch Fill

L R B/L

ACCOMMODATIONS

Dancer's Pad (3/16")	Heel Cushion	Heel Spur Pad	Met Pad Low (1/8")	Met Pad High (3/16")
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Bar (1/8")	LA Pads (1/8")	Met Head Cut Out, 1	Met Head Cut Out, 2	Met Head Cut Out, 3
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Head Cut Out, 4	Met Head Cut Out, 5	Neuroma Pad, Left	Neuroma Pad, Right	Morton's Extension (EVA)
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Toe Crests	Widen Extension (B/L)			
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> 1/2" wide <input type="checkbox"/> 1" wide			

TOP COVERS

Black Vinyl Gray Vinyl 1/16" Black Spenco 1/8" Black Spenco 1/8" Pink P-Cell

1/8" Pink P-Cell + 1/16" EVA 1/8" Blue ETC 3/16" Blue ETC 1/8" Black Starsuede 1/8" Green Spenco

SHIPPING & HANDLING

Handling (Check one)	Shipping (Check one)
<input type="checkbox"/> Standard (10 business days)	<input type="checkbox"/> Ground <input type="checkbox"/> 2 Day Air
<input type="checkbox"/> Lab Rush (5 business days)	<input type="checkbox"/> Overnight

160 Markland Street
Markham, ON L6C 0C6
T: 877.644.4344
F: 866.538.9472

4825 E Ingram Street
Mesa, Arizona 85205
T: 866.733.2544
F: 866.538.9472

4 Select which additions and modifications you would like to have on your orthotics.

ACCOMMODATIONS

Dancer's Pad (3/16")	Heel Cushion	Heel Spur Pad	Met Pad Low (1/8")	Met Pad High (3/16")
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Bar (1/8")	LA Pads (1/8")	Met Head Cut Out, 1	Met Head Cut Out, 2	Met Head Cut Out, 3
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Head Cut Out, 4	Met Head Cut Out, 5	Neuroma Pad, Left	Neuroma Pad, Right	Morton's Extension (EVA)
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Toe Crests	Widen Extension (B/L)			
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	<input type="checkbox"/> 1/2" wide <input type="checkbox"/> 1" wide			

5 This section is optional if you choose to replace the standard top cover with one of these options.

TOP COVERS

Black Vinyl Gray Vinyl 1/16" Black Spenco 1/8" Black Spenco 1/8" Pink P-Cell

1/8" Pink P-Cell + 1/16" EVA 1/8" Blue ETC 3/16" Blue ETC 1/8" Black Starsuede 1/8" Green Spenco