

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 |
| | | | <input type="checkbox"/> SPORTFLEX |

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

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Black Vinyl | <input type="checkbox"/> Gray Vinyl | <input type="checkbox"/> 1/16" Black Spenco | <input type="checkbox"/> 1/8" Black Spenco | <input type="checkbox"/> 1/8" Pink P-Cell |
| <input type="checkbox"/> 1/8" Pink P-Cell + 1/16" EVA | <input type="checkbox"/> 1/8" Blue ETC | <input type="checkbox"/> 3/16" Blue ETC | <input type="checkbox"/> 1/8" Black Starsuede | <input type="checkbox"/> 1/8" Green Spenco |

CUSHIONING OPTIONS

- 1/16" Poron, entire device
 1/16" Poron, extension only
 1/8" Poron, entire device

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 |