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CERTIFIED

PARTIAL FOOT ORDER FORM

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First Name: _____
Last Name: _____
Age: _____ Sex: _____ Height: _____ Weight: _____
Shoe Size: _____
Diagnosis: _____
Phone #: _____ Fax #: _____

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Date: _____ P.O.#: _____
Facility: _____
Address: _____
Contact Name: _____
Ship via: _____
Requested Date of Delivery: _____

(Please allow for shipping time)

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- ☐ Impression Kit ☐ Cast ☐ Scan
☐ Pair ☐ Single ☐ Right ☐ Left



SLPF-10

- ☐ Leather Partial Foot



CPF-20

- ☐ Full Partial Foot Toe Filler



CPF-30

- ☐ First Ray Hallux Toe Filler



CPF-40

- ☐ Lateral Column/
Fifth Digit Toe Filler

MODIFICATIONS

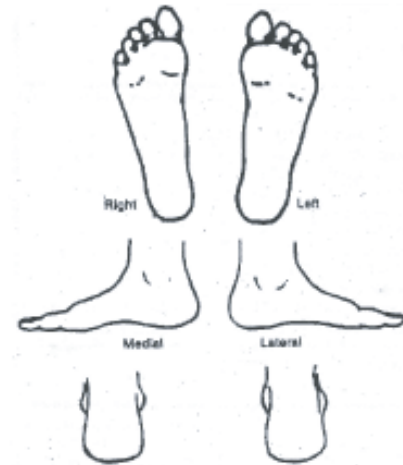
- ☐ Metatarsal Pad ☐ Right ☐ Left
☐ Heel Pad ☐ Right ☐ Left
☐ Heel Spur Pad ☐ Right ☐ Left
☐ Deep Heel Cup ☐ Right ☐ Left
☐ High Medial Flange ☐ Right ☐ Left
☐ High Lateral Flange ☐ Right ☐ Left
☐ Medial Heel Skive _____mm, or _____"
☐ Arch-Increase _____mm ☐ Arch-Decrease _____mm
☐ S.T.Modification
☐ Length of Orthosis: ☐ MTH's ☐ Sulcus ☐ Other
(Trimmed full length unless specified)
☐ Other: _____

- ☐ Heel Lift ☐ Right _____mm, or _____in.
☐ Left _____mm, or _____in.
☐ Wedge ☐ Lateral ☐ Medial

CARBON FOOT PLATE



- ☐ Full Foot ☐ Contoured
☐ Morton's Toe Extension
☐ Reverse Morton's Toe Extension



**Please indicate the missing toe(s) or amputation level.*

POSTING INSTRUCTIONS

- ☐ Post according to lab evaluation
☐ No Posting
REARFOOT ☐ Varus ☐ Valgus
Right Left

- ☐ Intrinsic _____
☐ Extrinsic (standard) _____

- FOREFOOT** ☐ Varus ☐ Valgus
Right Left

- ☐ Intrinsic _____
☐ Extrinsic _____
☐ Combination _____
☐ Plantar flexed first MTH _____

- ☐ Post everted 2-5 MTH's _____
☐ Other: _____

- ☐ Store Casts (30 days) ☐ Cut to Shoe
☐ Return Casts ☐ Cut to Tracing

☐ **SHOES** ☐ Men's ☐ Women's ☐ Children's ☐ Toddler
Size: _____ Width: _____ Company: _____ Style: _____ Color: _____ Closure: _____
Other Info: _____