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CERTIFIED

UCBL
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 ☐ Slipper Casts ☐ Scan
☐ Pair ☐ Single ☐ Right ☐ Left



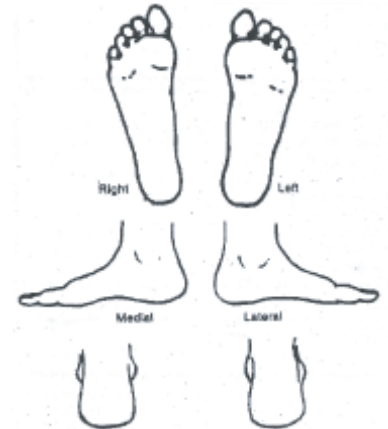
**CUCB-10
Rigid Plastic UCBL**

- *Rigid UCBL Construction:*
- Molded Polypro Thermoplastic
 - Crepe Posting



**CUCB-20
Soft UCBL**

- *Soft UCBL Construction:*
- EVA Top Layer
 - Molded Semi-Rigid Thermoplastic Reinforcement
 - EVA Backing



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

MODIFICATIONS

- ☐ Total Contact Insert (TCI)
☐ THK Reinforcement ☐ 2 layers ☐ 1 layer
☐ 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 ☐ Full

☐ Other: _____
☐ 1st MTH Relief ☐ Right ☐ Left
☐ Heel Lift ☐ Right _____mm, or _____in.
☐ ☐ Left _____mm, or _____in.
☐ Wedge ☐ Medial ☐ Lateral

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: _____

Notes:

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

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