CERTIFIED

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FOOT ORTHOTICS & UCBL's ORDER FORM

PATIENT

First Name: _____

Last Name: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Shoe Size: _____

Diagnosis: _____

Phone #: _____ Fax #: _____

PRACTITIONER

Date: _____ P.O.#: _____

Facility: _____

Address: _____

Contact Name: _____

Ship via: _____

Requested Date of Delivery: _____

(Please allow for shipping time)

STYLES

☐ Impression Kit ☐ Slipper Casts ☐ Scan

☐ **CFO-12**
Custom Tri-Lam Foot Orthotic w/ Cork

☐ **CFO-15**
Custom Tri-Lam Foot Orthotic w/EVA

☐ **CFO-20**
Custom Plastazote Tri-Lam Foot Orthotic w/ Cork

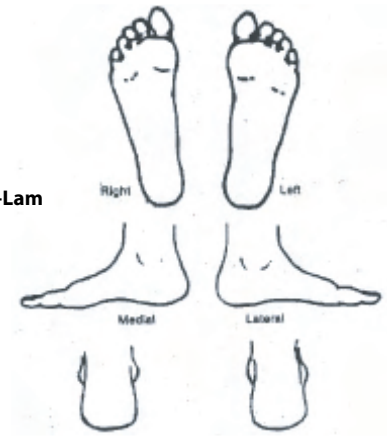
☐ **CFO-30**
Custom Plastazote Tri-Lam Foot Orthotic w/EVA

☐ **CFO-05**
Custom Functional FO w/Choice of Cover

CFO-05 Top Cover Choices:
☐ None ☐ 3/4 Foot ☐ Full Foot

Top Cover Material Choices:
☐ Fabric Cushion (Std.)
☐ Leather ☐ Vinyl ☐ PPT/Sueded

☐ Pair ☐ Single
☐ Right
☐ Left



***Please indicate the mising 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 ☐ Other
(Trimmed full length unless specified)
☐ Other:_____
☐ 1st MTH Relief ☐ Right ☐ Left
☐ Heel Lift ☐ Right _____mm, or _____in.
☐ Left _____mm, or _____in.
☐ Wedge ☐ Medial ☐ Lateral

☐ **CARBON FOOT PLATE**

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

☐ Store Casts/Digital File ☐ Cut to Tracing
☐ Return Casts ☐ Cut to Shoe

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:_____

MATERIAL
☐ Other Materials (Materials or combinations not listed)
_____
_____

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