

## LAB ORDER FORM

Dr. Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size / Type \_\_\_\_\_  
 Activity \_\_\_\_\_  
 Condition \_\_\_\_\_  
 Ship To Patient Address \_\_\_\_\_

### SPORTS ORTHOTICS - STANDARD MET LENGTH

Sport Fit

### WOMEN'S DRESS ORTHOTICS - STANDARD SULCUS LENGTH

CasualFit

### MEN'S DRESS ORTHOTICS

DressFit - Standard Sulcus Length

### DIABETIC ORTHOTICS - STANDARD FULL LENGTH

DiabeticFit:  Soft  Flexible  Firm  Rigid

Prosthesis Toe or Transmet Filler\*\*

### PEDIATRIC FUNCTIONAL ORTHOTICS - STANDARD MET LENGTH

Controller  Gait Plate - to correct out-toe  
 UCBL  Gait Plate - to correct in-toe

### POSTING INSTRUCTIONS

Post to cast

### TOP COVER CHOICES

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Mets	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Full
<input type="checkbox"/> Spenco*	<input type="checkbox"/> Mets	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Full
<input type="checkbox"/> Vinyl	<input type="checkbox"/> Mets	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Full
<input type="checkbox"/> Best Foam	<input type="checkbox"/> Mets	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Full

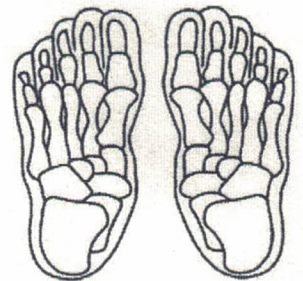
### ADULT FUNCTIONAL ORTHOTICS - STANDARD MET LENGTH

Controller  UCBL

### ADDITIONS & ACCOMMODATIONS

	Left	Right	Both	Additional Information
Heel Cup Depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Very Deep
Medial Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Lateral Flanges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____
Scaphoid Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"
Morton's Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EVA <input type="checkbox"/> Shell Extension**
Reverse Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16- <input type="checkbox"/> 1/8"
Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad <input type="checkbox"/> Cutout
Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2"
Reinforce Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medial Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Lateral Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"

Accommodate for lesions as marked on cast:



Right  Left

Plantar View

### DIAGNOSIS / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<input type="checkbox"/> Tracing Enclosed
<input type="checkbox"/> Shoes Enclosed