DPM Orthotics, Inc

Service • Results • Success

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Lab Use Only

Practitioner Information

Patient Information

Date Casted:

Name _____ DOB _____

Weight ___ Age ___ ☐ Male ☐ Female Shoe Size_____ Shoe Type_____

The DPM Line ☐ *DPM Accommodative I* ☐ *DPM Accommodative II* ☐ *DPM Diabetic*
☐ *DPM Everyday* ☐ *DPM Sport* ☐ *DPM Dress* ☐ *Flats* ☐ *High Heels* ☐ *DPM Children's (UCBL)*

STEP 1 Control Options

- ☐ Rigid 3mm Polypropylene
- ☐ Semi-Rigid 3mm Polypro
- ☐ Semi-Flex 3mm Polypro
- ☐ Flexible 3mm Polyethylene
- ☐ EVA (Crepe) Shell
- ☐ Cork Shell
- ☐ Graphite 2.3mm Shell
- ☐ Plastazote Shell

Arch Height

- ☐ **Maximum** Full Arch Contact (Minimum Cast Filler)
- ☐ **Normal** Standard Arch Contact (Moderate Cast Filler)
- ☐ **Minimum** Moderate Medial Contact (Maximum Cast Filler)

STEP 2 Posting Options (Posted to Cast & Intrinsic Standard)

	Right	Left
Forefoot	☐ Intrinsic Varus ☐ Extrinsic_____ Valgus	☐ Intrinsic Varus ☐ Extrinsic_____ Valgus
Rearfoot	☐ Intrinsic Varus ☐ Extrinsic_____ Valgus	☐ Intrinsic Varus ☐ Extrinsic_____ Valgus

☐ Plantar Fill Arches ☐ Soft(Poron) ☐ Firm(Crepe) ☐ Black P-Zote

☐ Heel Lift: Right_____Amt. Left_____Amt. ☐ Lateral Wedge: ☐ Right ☐ Left ☐ To Cause Valgus

STEP 3 Top Covers

- ☐ No Cover (Satin Finish)
- ☐ Vinyl Cover ☐ Tan ☐ Blue ☐ Black ☐ Brown
- ☐ Suede Cover (Brown)
- ☐ Diabetic Cover (Plastazote & Poron)
- ☐ Neoprene Cover ☐ Black ☐ Blue ☐ Bamboo (Antifungal)
- ☐ Perf-Lite Cover ☐ Black ☐ Blue
- ☐ MC Puff (Swirl) Cover ☐ Pink ☐ Blue ☐ Purple ☐ Gray ☐ Red/Purple/Yellow ☐ Orange/Yellow ☐ Yellow/Black/Gray

Top Cover Depth (Thickness)

- ☐ No Cushioning
- ☐ 1/16" Total Thickness
- ☐ 1/8" Total Thickness
- ☐ 3/16" Total Thickness
- ☐ Other Thickness_____

Top Cover Length

- ☐ Mets (Shell) ___Add Flap
- ☐ Sulcus (3/4) ___Taper Edge
- ☐ Toes (Full Length)

Shoe Size_____

STEP 4 Bottom Covers (Elective)

- ☐ Microcell Puff Foam ☐ Black (Standard) ☐ Red ☐ Yellow
- ☐ Synthetic Suede (Brown)
- ☐ Vinyl

Bottom Cover Length

- ☐ Entire Plantar Surface
- ☐ Distal Plantar Surface

STEP 5 Modifications and/or Accommodations

- ☐ Met Pad (**Proximal** to 2-4 Met heads) ☐ Left ☐ Right
- ☐ Met Raise (placed **Under** Met heads) ☐ Left ☐ Right
  Left: 1 2 3 4 5 Right: 1 2 3 4 5
- ☐ Heel Cushion ☐ Left ☐ Right
- ☐ Heel Spur Pocket (in cushion) ☐ Left ☐ Right
- ☐ Heel Spur (Horseshoe Pad) ☐ Left ☐ Right
- ☐ Pockets (**Mark placement on casts**) ☐ Left ☐ Right
- ☐ Arch Pad ☐ Left ☐ Right

- ☐ 1st Ray Shell Cutout ☐ Left ☐ Right
- ☐ Gait Plate.**to Promote**: ☐ Toe In ☐ Toe Out ☐ Left ☐ Right
- ☐ Hole in Heel of Shell ___Fill hole with soft cushion ☐ Left ☐ Right
- ☐ UCBL ☐ Left ☐ Right
- ☐ Medial Flange: ___Plastic ___Crepe ☐ Left ☐ Right
- ☐ Lateral Flange: ___Plastic ___Crepe ☐ Left ☐ Right

☐ **MORTON'S EXTENSION:** ☐ **Left** ☐ **Right**

Material	***Length***
☐ ***Rigid plastic***	☐ **To distal edge of Hallux**
☐ ***Soft***	☐ **To Sulcus**

Dx:_____

Special Instructions:_____