

Lab Use Only

Patient Information															Date Casted:													
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															D	O	B										
Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Shoe Size	<input type="text"/>		Shoe Type	<input type="text"/>															

Custom Multi-Density Orthotics

Control

- Rigid (Black Crepe)
 Semi-Flex (Cork)
 Flex (Cork)

Top Covers

- Bi-Lam (MCP Blue)
 Tri-Lam (Poron/MCP Blue)
 Diabetic (Poron/Plastizote)

Forefoot Plantar Modifications

- Cork Extended to Distal Tip of Toes
 Taper Cork under ForeFoot

Trim Lines

- High (UCBL)
 Standard
 Low (Dress Shoes)

Extrinsic Posting

- | | Medial | | Lateral | |
|--------------------------------------|--------|-------|---------|-------|
| <input type="checkbox"/> Rearfoot | Left | Right | Left | Right |
| <input type="checkbox"/> Forefoot | Left | Right | Left | Right |
| <input type="checkbox"/> Heel to Toe | Left | Right | Left | Right |

Accommodations

Heel Pads

- Left Right

Met Pads

Placed Proximal to 2-4 Met Heads Unless Otherwise Noted on Casts

- Left Right

Arch Pads

- Left Right

Pockets

*Indicate location on casts or impressions

- Left Right

Heel Lifts

- Left ___ Amt. Right ___ Amt.

Flat Carbon Plates (Full Length 3mm)

- One Two

Toe Filler

*Indicate location on casts or impressions

- Left Right

Special Instructions: _____