

***REQUIRED FIELDS**

*ACCOUNT NAME / No. _____
 *CLINICIAN NAME FIRST _____ LAST _____
 PHONE _____ FAX _____

*PATIENT NAME FIRST _____ LAST _____
 GENDER M F D.O.B. MM / DD / YY *WEIGHT _____ LB KG
 FOOTWEAR TYPE _____ *SHOE SIZE _____ US-M US-W EU

SPECIALIZED DEVICES

D Diabetic **RA** Rheumatoid Arthritic

1 *CHOOSE A DEVICE

ACCOMMODATIVE DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **RA** **FLEXIBLE MOLD**
1.5mm Puff, 1.5mm Poron, Rubberflex & Thermocork, Poron Fill, 1.5mm Nyplex
- D** **STANDARD TRIDENSITY**
3.0mm P-Cell, 3.0mm Poron, Rubberflex & 50 durometer Fisher Foam, 1.5mm Cushion cork
- RA** **STANDARD TRIDENSITY**
3.0mm Bamboolon, Rubberflex & 50 durometer Fisher Foam, 1.5mm Nyplex
- D** **CHARCOT TRIDENSITY**
3.0mm P-Cell, 3.0mm Poron, Rubberflex & Thermocork, 35 durometer Cloud EVA, 1.5mm Cushion cork

HYBRID DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-FLEXIBLE MOLD**
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion Cork
- RA** **SEMI-FLEXIBLE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D** **RA** **SEMI-FLEXIBLE LOW PROFILE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

FUNCTIONAL DEVICES

CONTROL LEVEL ① ② ③ ④ ⑤

- D** **SEMI-RIGID MOLD**
3.0mm P-Cell, 3.0mm Poron, Polypropylene, Poron Fill, 1.5mm Cushion cork
- RA** **SEMI-RIGID MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, 1.5mm Nyplex
- D** **RA** **SEMI-RIGID LOW PROFILE MOLD**
3.0mm Bamboolon, Polypropylene, Poron Fill, Micro-suede

2 OPTIONAL SPECIFICATIONS

ULTRA PROTECTIVE TOP COVER

PREMIUM CUSHIONING FOR HIGH RISK FEET

- Astro Form 3.0mm + Aero Sorb 3.0mm
- Astro Form 2.0mm + Aero Sorb 2.0mm

FOREFOOT EXTENSIONS

MATERIAL

- Poron 1.5 mm 3.0 mm
- Nyplex 1.5 mm 3.0 mm
- Cushion cork 1.5 mm 3.0 mm
- Puff 1.5 mm 3.0 mm

LENGTH

- Sulcus Toes

LESION ACCOMMODATION (within optional extension)

L 1 2 3 4 5
 R 1 2 3 4 5



SUBSEQUENT PAIR ORDER

FROM WO# _____

- DUPLICATE device (no change)
- CHANGED device (select device and options)

NUMBER OF PAIRS _____

3 DAY RUSH (\$20.00)

3 POSTING, MODIFICATIONS & ADDITIONS

POSTING

- Post to calcaneal vertical Neutral (as they sit)

REARFOOT Post Type intrinsic extrinsic EVA
 dual density EVA
 L _____° VR VLG R _____° VR VLG

FOREFOOT Post Type intrinsic extrinsic L R tip L R sulcus
 L R corner L R toes
 L _____° VR VLG R _____° VR VLG

Skive L _____ mm skive R _____ mm skive
 Inversion L _____° inverted R _____° inverted
 Motion L _____° of motion R _____° of motion

CAST DRESSING

- Minimum Moderate Maximum _____

SHELL MODIFICATIONS

- L R Heel Cup Depth 14mm 16mm 18mm 20mm 22mm
- L R 1st Met Cut Out with extrinsic tip (support) post
- L R 1st Ray Cut Out
- L R Fascial Accommodation
- L R Medial Flange
- L R Lateral Flange
- L R Navicular/Cuneiform Sweet Spot w/ medial flange - AS MARKED
- L R Heel Spur Accommodation
- L R Heel Hole with poron plug
- L R Rigid 1st Extension sulcus toes
- L R Orthotic Width wide narrow

ADDITIONS

- L R Heel Lift EVA poron loose _____ mm
- L R Heel Pad 1.5mm 3.0mm
- L R Horseshoe Spur
- L R Metatarsal Pad
- L R Metatarsal Bar
- L R Metatarsal Raise
- L R Neuroma Pad
- L R Morton's Extension
- L R Reverse Morton's Extension cushion cork poron EVA
- L R Functional Hallux Limitus Accommodation
- Lesion Accommodation L 1 2 3 4 5 R 1 2 3 4 5
- L R Amputation Accommodation partial full

4 SPECIAL INSTRUCTIONS



E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save completed form, you will need a current version of **ADOBE READER**. Go to the Adobe website to download the newest version or click on the link: <http://get.adobe.com/reader>

NAVIGATING

Use the tab button to navigate from the top left hand corner sequentially down through all the fields.

OR use the mouse to select any specific field.

PRINTING

Use either the printer icon in the quick tool bar, or file > print from the menu bar.

NOTE: Be sure to print a copy of the work order to send in with the patient's casts.

SAVING

Use file > **SAVE AS** from the menu bar.

Save the form under a **DIFFERENT NAME** to preserve patient referral information.

CLEAR FORM

Click the **RESET FORM** button below to clear all filled in fields.

ADDITIONAL EVALUATION NOTES

ADJUSTMENTS AND MODIFICATIONS

DATE	NOTES
MM / DD / YY	
MM / DD / YY	
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