

- 24 Hour Rush . \$45.00
- 2 Day Rush \$30.00
- 3 Day Rush \$15.00

PLEASE PRINT FIRMLY YOU ARE MAKING 2 COPIES

Date: _____ Acct.# _____

Acct. Name _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____

Please check if patient has had previous pair.

Please check if patient is covered by "Worry Free".

Rushes are based on in-house time and do not include overnight delivery

PATIENT INFORMATION:

NAME (Please fill in boxes, last name first.)

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(Last) _____ (First) _____

Occupation _____

Age _____ Weight _____ Height _____ Sex _____

ORTHOTIC CHOICES

SPORTS

- ELIMINATOR® I (intrinsic)
 - Engineered
- ELIMINATOR® II (extrinsic)
 - Engineered
- ELIMINATOR® III
- ELIMINATOR® IV

CHILDREN'S

- U.C.B.L.
- WHITMAN PLATES
- ROBERT'S PLATES
- SHAFFER PLATES
- GAIT PLATES
 - Out toe (Promotes out toeing)
 - In toe (Promotes in toeing)

TL-2100 LINE

- ELIMINATOR® 2100 (intrinsic)
- ELIMINATOR® PLUS (extrinsic)

WOMEN'S DRESS

- FASHION STEP® I (polypro)

Heel Height, Mandatory _____ "
- FASHION STEP® II (graphite)

Heel Height, Mandatory _____ "

MEN'S DRESS

- EXECU-STEP™

SEMI-FLEXIBLE

- ACTION FLEX™ I
- ACTION FLEX™ II
- ACTION FLEX™ III

ACCOMMODATIVES

- SOFT STEP II
- SOFT STEP III
- C & L MOLD
- SOFT MOLD (Pelite)

CUSTOM (Specify)

- _____

Shoe Size _____ Width _____

Shoes Enclosed: Yes No

TYPE 'A' (full cut shoe, such as laced oxfords, sneakers etc.)
Specify: _____

TYPE 'B' (Over 1" heel, narrow shoes such as pumps, Western boots, etc.)
Specify: _____

TYPE 'C' (Up to 1" heel, narrow cut shoes such as SAS, loafers & flats)
Specify: _____

TYPE 'D' (sport specific shoes)
Specify: _____

INSTRUCTIONS

<p>Grind:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Narrow <input type="checkbox"/> Regular <input type="checkbox"/> Wide <input type="checkbox"/> To Shoes <input type="checkbox"/> Like U.C.B.L. <input type="checkbox"/> Like Robert's <input type="checkbox"/> Like Shaffer <input type="checkbox"/> Like Whitman 	<p>Orthotic Arch Height:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medium <input type="checkbox"/> To Cast <input type="checkbox"/> High <input type="checkbox"/> Medial Wash 	<p>Heel Cup Height:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low Heel Cup (10mm) <input type="checkbox"/> Standard Heel Cup (15mm) <input type="checkbox"/> Deep Heel <ul style="list-style-type: none"> <input type="checkbox"/> Cup (20mm) <input type="checkbox"/> Cup (25mm) <input type="checkbox"/> Other _____ 	<p>TOP COVER Length:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meta <input type="checkbox"/> Sulcus <input type="checkbox"/> Full <p style="text-align: center;">All shells are ground to Meta length</p>
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ADDITIONAL PADDING

- S.T.S. - 1.0mm
- S.T.S. - 3.0mm
- PORON - 1.5mm
- PORON - 3.0mm
- PORON - 4.5mm

***(Extra Charge)**

TOP COVERS

- 1/8" Plastizote
- 1/16" NEOLON*
- 1/8" NEOLON*
- 1mm Black STS
- 2mm EVA (Girls)
- 2mm EVA (Boys)
- 3mm EVA
- 3mm Multi EVA

ACCOMMODATIONS

Cut out Met. Head(s) L _____ R _____

Please indicate the following with a B-Bilateral, L-Left only, R-Right only

<input type="checkbox"/> Cut Out 1st Ray In Shell	<input type="checkbox"/> Reinforce Arch <ul style="list-style-type: none"> <input type="checkbox"/> Firm Pelite <input type="checkbox"/> Evazote 	<input type="checkbox"/> Flange <ul style="list-style-type: none"> <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Mild 	<input type="checkbox"/> Lateral Clip	<input type="checkbox"/> Heel Lift <p>Left _____ mm</p> <p>Right _____ mm</p>	<input type="checkbox"/> Heel Spur Accommodations <ul style="list-style-type: none"> <input type="checkbox"/> Drill out with soft plug. <input type="checkbox"/> Horseshoe heel cushions
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Metatarsal Bar Toe Crest Dancers Pad Extra Heel Cushion Neuroma Pad

Modified Reversed

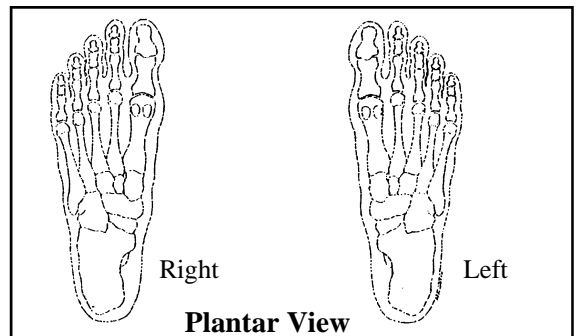
Interspace 1 2 3 4

Metatarsal Pad Morton's Extension Arch Pad Amputee Sponge Fill Balance Pad

Regular Large In Shell Soft Soft Firm Transverse Partial 3 mm 5 mm

POSTING

Forefoot	Rearfoot
<input type="checkbox"/> Forefoot Evaluation Requested <ul style="list-style-type: none"> <input type="checkbox"/> As Evaluated <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <p>Left Right</p> <p><input type="checkbox"/> varus <input type="checkbox"/> varus</p> <p><input type="checkbox"/> valgus <input type="checkbox"/> valgus</p> <p style="text-align: center;">o o</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Lab Std. 0° / 0° <input type="checkbox"/> As Evaluated <input type="checkbox"/> Neutral <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <p>Left Right</p> <p><input type="checkbox"/> varus <input type="checkbox"/> varus</p> <p><input type="checkbox"/> valgus <input type="checkbox"/> valgus</p> <p style="text-align: center;">o o</p> <p style="text-align: center;">INVERSION / MOTION INVERSION / MOTION</p>



Additional Comments

(This area for comments only. Instructions or accommodations marked in this area will not be applied to the orthotic.)

SPECIAL INSTRUCTIONS

- Return Casts (\$7.50 with order \$10.00 without order.)

PLEASE SEND THE FOLLOWING:

- U.S. Mail Labels
- Prescription Forms
- Small Boxes
- Catalog
- U.P.S. Labels (ARS)
- Adjustment Forms
- Large Boxes
- "Worry Free" extended protection pamphlets

PLEASE RETAIN YELLOW COPY AND RETURN WHITE WITH YOUR ORDER