

Date:  E-mail:

Clinic Name:

Attention (Name):

Address (Street):

(City, State, Zip):

Phone:  Ext:  Fax:

Left Only

Top Layer 

Middle Layer (optional) 

Base Layer 



### TOP LAYER

3/4 Length  Sulcus  Full Length (default if none selected)

1 mm	2 mm	3 mm
	MICROCELL PUFF	MICROCELL PUFF
<input type="checkbox"/> Black Naugahyde	35 DM <input type="checkbox"/> Camo Swirl	35 DM <input type="checkbox"/> Camo Swirl
<input type="checkbox"/> Brown Naugahyde	<input type="checkbox"/> Pink Swirl	<input type="checkbox"/> Pink Swirl
	<input type="checkbox"/> Blue Swirl	<input type="checkbox"/> Blue Swirl
	<input type="checkbox"/> Black Solid	<input type="checkbox"/> Black Solid
<input type="checkbox"/> Spenco	20 DM <input type="checkbox"/> Pink Puff (Tan)	20 DM <input type="checkbox"/> Pink Puff (Tan)
	<input type="checkbox"/> Lt Blue Puff	<input type="checkbox"/> Lt Blue Puff
	15 DM <input type="checkbox"/> Pink Plastazote	15 DM <input type="checkbox"/> Pink Plastazote
	<input type="checkbox"/> Blue Plastazote	<input type="checkbox"/> Blue Plastazote
		25 DM <input type="checkbox"/> Spenco

### MIDDLE LAYER

1.5mm Neoprene/Spenco  2mm Poron  
 3mm Neoprene/Spenco  3mm Poron

### BASE LAYER

- Extra Soft (Ideal for people 100lbs or less or not on there feet all the time)(Black) 35 (a-shore)
- Soft (Ideal for people 170lbs or less with normal daily activity)(White) 45 (a-shore)
- Medium (Ideal for people 220lbs or less and where support and cushion are desired)(Tan) 55 (a-shore)
- Firm (Ideal for people 220lbs or more with less than normal daily activity)(Black)\* 65 (a-shore)

### CASTING MODIFICATION

#### ARCH HEIGHT

\*if no selection below arch will be made to standard

- Standard (arch height is reduced 1/8" from foam impression)  
 Total Contact (no arch reduction made to foam impression)  
 Increase 1/8" from casting  Increase 3/16" from casting  Other \_\_\_\_\_

#### TRIM LINES

- Deep Heel Cup  Left  Right  Both

#### HEEL POSTINGS

Left	Right
Medial Wedge _____ mm	Medial Wedge _____ mm
Lateral Wedge _____ mm	Lateral Wedge _____ mm
Heel Lift _____ mm	Heel Lift _____ mm

#### Metatarsal Pad

- Left Only  Right Only  Bilateral

Special Instructions: