

Date: E-mail:

Clinic Name:

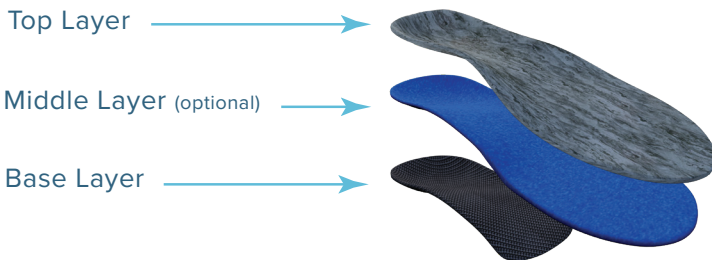
Attention (Name):

Address (Street):

(City, State, Zip):

Phone: Ext: Fax:

Left Only



TOP LAYER

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

1 mm	2 mm	3 mm
<input type="checkbox"/> Black Naugahyde	<input type="checkbox"/> Camo Swirl	<input type="checkbox"/> Camo Swirl
<input type="checkbox"/> Brown Naugahyde	<input type="checkbox"/> Pink Swirl	<input type="checkbox"/> Pink Swirl
<input type="checkbox"/> Spenco	<input type="checkbox"/> Blue Swirl	<input type="checkbox"/> Blue Swirl
	<input type="checkbox"/> Black Solid	<input type="checkbox"/> Black Solid
	<input type="checkbox"/> Pink Puff (Tan)	<input type="checkbox"/> Pink Puff (Tan)
	<input type="checkbox"/> Lt Blue Puff	<input type="checkbox"/> Lt Blue Puff
	<input type="checkbox"/> Pink Plastazote	<input type="checkbox"/> Pink Plastazote
	<input type="checkbox"/> Blue Plastazote	<input type="checkbox"/> Blue Plastazote
	<input type="checkbox"/> Spenco	<input type="checkbox"/> Spenco

Other: 4.5mm Spenco

MIDDLE LAYER

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

BASE LAYER

Semi-Rigid Polypropylene CoPoly Graphite
 Rigid Polypropylene CoPoly Graphite

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

High Medial Line High Lateral Line Both
 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
 *Put 1 for Neutral Post

Forefoot Posting

*all forefoot posts extend to end of toes

Left Right
 Medial Wedge _____ mm Medial Wedge _____ mm
 Lateral Wedge _____ mm Lateral Wedge _____ mm

Metatarsal Pad

Left Only Right Only Bilateral

Special Instructions: