FAST
Foot & Ankle Support Technologies

Foot Orthotics & UCBL's

ORDER INFORMATION

Date: _____ P.O. #: _____

Facility: _____

Address: _____

_____

Contact Name: _____

Ship via: _____

Patient Name: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Shoe Size: _____

Diagnosis: _____

_____

Phone #: _____ Fax #: _____

Requested Date of Delivery: _____
(Please allow for shipping time)

☐ Impression Kit ☐ Slipper Casts
☐ Pair ☐ Single ☐ Right ☐ Left

☐ **FUCB-10**
Rigid Plastic UCBL

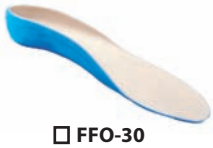
☐ **FUCB-20**
Soft UCBL

☐ **FFO-10**
Custom Silicone Foot Orthotic

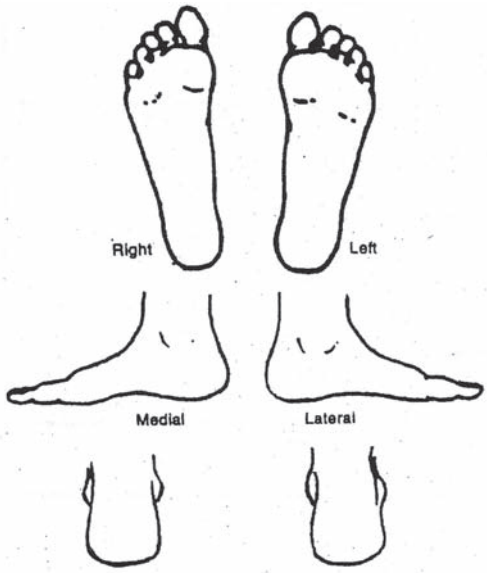
☐ **FFO-12**
Custom Tri-Lam Foot Orthotic with Cork

☐ **FFO-15**
Custom Tri-Lam Foot Orthotic with Microcell Puff

☐ **FFO-20**
Custom Diabetic Tri-Lam Foot Orthotic with Cork



☐ **FFO-30**
Custom Diabetic Tri-Lam Foot Orthotic with EVA



**** Please indicate any Sores, Relief areas, Trim lines, etc.***

☐ Total Contact Insert (TCI)
☐ Functional ☐ Rigid ☐ Semi-Rigid Material ☐ Plastic ☐ Carbon Fiber
☐ Mortons Toe Extension ☐ Reverse Mortons Toe
☐ Other Materials
(Materials or combinations not listed in catalog)
_____
_____

Modifications

☐ Metatarsal Pad ☐ Right ☐ Left
☐ Heel Pad ☐ Right ☐ Left
☐ Heel Spur Pad ☐ Right ☐ Left
☐ Deep Heel Cup ☐ Right ☐ Left
☐ High Medial Flange ☐ Right ☐ Left
☐ High Lateral Flange ☐ Right ☐ Left
☐ Medial Heel Skive _____mm, or _____°
☐ Arch-Increase _____ mm Decrease _____mm
☐ S.T. Modification
☐ Length of Orthosis: ☐ MTH's ☐ Sulcus Other
(Trimmed full length unless specified)
☐ Other: _____

☐ Heel Lift ☐ Right _____mm, or _____ in.
☐ Left _____mm, or _____ in.

☐ Store Casts (30 days) ☐ Return Casts

Posting Instructions

☐ Post according to lab evaluation
☐ No Posting

REARFOOT	☐ Varus	☐ Valgus
	Right	Left
☐ Intrinsic	_____	_____
☐ Extrinsic (standard)		

FOREFOOT	☐ Varus	☐ Valgus
	Right	Left
☐ Intrinsic	_____	_____
☐ Extrinsic	_____	_____
☐ Combination	_____	_____
☐ Plantar flexed first MTH	_____	_____
☐ Post everted 2-5 MTH's	_____	_____

☐ OTHER: _____

Additional Information: _____

_____

_____

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