

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



**FPF-10**  
**Leather Partial Foot**



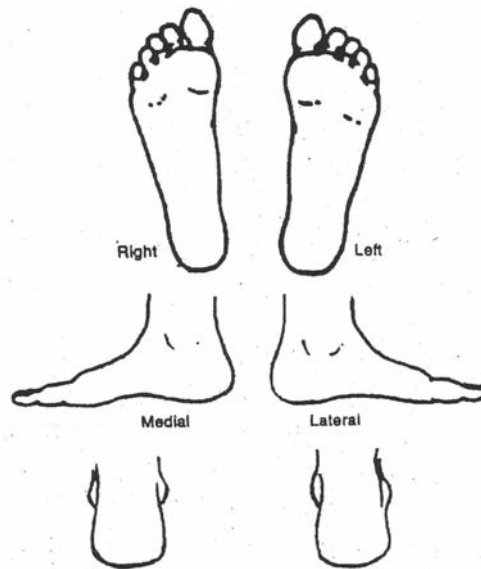
**FPF-20**  
**Full Partial Foot Toe Filler**



**FPF-30**  
**First Ray Hallux Toe Filler**



**FPF-40**  
**Lateral Column/Fifth Digit Toe Filler**



*\* Please indicate the missing toe(s) or amputation level.*

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

Additional Option:

- Carbon Foot Plate added to Partial Foot

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: \_\_\_\_\_