

ACCOUNT INFO

Acct # _____
 Name _____
 Address _____
 Phone/Fax _____

Date: ___/___/___ PO#: _____

LAB USE ONLY PPD BF
 L _____ R _____ ONLY _____
 OE _____

PATIENT INFO Please Print (all patient info is required) **ORDER OPTIONS** (Additional Charges May Apply)

First Name: _____ Last Name: _____ D.O.B.: ___/___/___
 Weight: _____ M F Shoe Size: _____ Shoe Style: _____
 Shoes Provided: Yes No

RUSH Order (\$35) Ship Overnight (\$35) Ship to Patient International Shipping

SIGNATURE: _____ Physician Signature Required for Medicare Claims

STEP ONE / ORTHOTIC SIZE SELECTION

<input type="checkbox"/> CASUAL DRESS 1/8" POLYPROPYLENE SHELL 	<input type="checkbox"/> 3/4 LENGTH 1/8" POLYPROPYLENE SHELL 	<input type="checkbox"/> FULL-LENGTH 1/8" POLYPROPYLENE SHELL, CHOICE OF 1/8" COVER TO END OF TOES
---	---	--

NOTES

STEP TWO / POSTING OPTIONS

REARFOOT POSTING

Omit RF posting
 Intrinsic Extrinsic

0°inverted/0°motion
 4°inverted/4°motion

STEP THREE / TOP COVER & EXTENSIONS

TOP COVER LAYER

Personalized Top Cover (Existing top cover clients only)
 EVA Genuine Leather
 Naugahyde NeoStride
 NeoStride Silver

TOP COVER LENGTH

Cover to End of Toes Cover to Sulcus
 Cover Orthoses Only