

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)

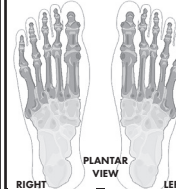
ORDER OPTIONS

(Additional Charges May Apply)

NOTES

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

- Fabricate 1 PAIR (FOR 2 DIFFERENT PAIRS - Please complete two separate order forms)
- Fabricate 2 IDENTICAL PAIRS
- Product Covered by Safe & Sound Warranty
- RUSH Order (\$35) Ship to Patient (Additional \$3 Shipping Charge - Indicate address in Patient Info)
- Ship Overnight (\$35) International Shipping (Charges will apply if shipped outside of USA)



REPAIR INSTRUCTIONS

- RECOVER AS IS
 - RECOVER AS IS WITH CHANGES
 - COMPLETE REFURBISHMENT
- On full-length bottom covers, complete refurbishment is necessary.
Refer to "Repairs & Adjustments" section on reverse for policies.

HEATING INSTRUCTIONS

- L R**
- LOWER ARCH 1/8" (If more than 1/8" is needed, a remake is necessary.)
 - RAISE ARCH 1/8" (If more than 1/8" is needed, add arch raise (Part).)

GRINDING INSTRUCTIONS

- L R**
- SHORTEN SHELL 1/8" 3/16" 1/4"
 - LENGTHEN SHELL 1/8" 3/16" 1/4"
 - L R**
 - NARROW SHELL FF HEEL ARCH ENTIRE DEVICE 1/8" 3/16" 1/4"
 - WIDEN SHELL FF HEEL ARCH ENTIRE DEVICE 1/8" 3/16" 1/4"
- ADD 1ST RAY CUTOUT REMOVE DEEP HEEL CUP
 ADD PUMP GRIND REMOVE SHAFFER MEDIAL

TOP COVER & EXTENSIONS

- TOP COVER LAYER**
- Personalized Top Cover Plastazote
 - EVA Genuine Leather
 - Naugahyde NeoStride
 - NeoStride Silver
- TOP COVER LENGTH**
- Cover to End of Toes Cover to Sulcus
 - Cover Orthoses Only
- EXTENSION MATERIAL**
- Prolite 1/8" Prolite 1/16"
 - PPT 1/8" PPT 1/16"
- EXTENSION MATERIAL LENGTH**
- Forefoot Blend to End of Toes
 - Forefoot Blend to Sulcus
 - Cover Orthoses to End of Toes
 - Cover Orthoses to Sulcus
 - Cover Orthoses Only
- POCKETING**
- As Marked on Cast
 - See Plantar-View Markings

POSTING OPTIONS

- FOREFOOT POSTING**
- Omit FF posting Intrinsic Extrinsic
 - According to cast
 - According to measurements
 - L _____ Varus Valgus
 - R _____ Varus Valgus
- REARFOOT POSTING**
- Omit RF posting Intrinsic Extrinsic
 - 0° inverted/0° motion
 - 4° inverted/4° motion
 - According to measurements
 - L _____ Varus Valgus
 - R _____ Varus Valgus
- ARCH HEIGHT**
- No Plaster Medial Wash
 - 1+ 2 3
- FOREFOOT WIDTH**
- Narrow Normal Wide

ACCESSORIES & SHELL MODIFICATIONS

- L R**
- ARCH FILL Prolite STD Korex
 - ARCH RAISE (pad) Standard 1/8"
 - COLUMN PAD Lateral Medial RF Post Only
 - CUBOID PAD
 - DANCER'S PAD Standard As Marked
 - HEEL CUSHION Standard As Marked Horseshoe C. Pocket
 - HEEL LIFT 1/16" 1/8" 3/16" 1/4"
 - MEDIAL FLAP
 - MET BAR
- L R**
- MET PAD #22(S) #40(M) #351(Lg) Bevel to 1/8" thickness
 - MORTON'S EXTENSION (korex) Standard End of toes
 - NEUROMA PAD (as marked)
 - TOE CREST
 - TOE FILLER (as marked) (for best results, provide shoe)
 - 5TH RAY CUTOUT
 - FLANGE Medial Lateral
 - GAIT PLATE In-toe Out-toe
 - GENTAL HEEL INSERT
 - INTRINSIC ACCOM. (must be marked)
 - LATERAL CLIP
 - MEDIAL KIRBY 3^{MM} SKIVE

ADDITIONAL NOTES

