

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)

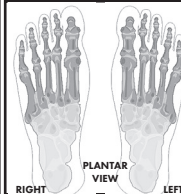
ORDER OPTIONS

(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 (\$47) 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)



STEP ONE SHELL SELECTION

SPORT ORTHOSES

System 3.0 Procarbolene

- 2.2mm (Semi-Flexible) 175 lbs
- 2.6mm (Semi-Rigid) 220 lbs
- 3.0mm (Rigid) 220+ lbs

ProTech Polypropylene

- 3.2mm (1/8") 175 lbs
- 4.7mm (3/16") 220+ lbs

Marathotic Polyethylene

- 3.0mm up to 150 lbs
- 4.0mm up to 175 lbs
- 5.0mm 180+ lbs

Advantage+ Polypropylene

- 3.2mm (1/8") 175 lbs
- 4.7mm (3/16") 220+ lbs

DRESS ORTHOSES

System 3.0 Flat/Pump Procarbolene

- 2.2mm (Semi-Flexible) 175 lbs
- 2.6mm (Semi-Rigid) 220 lbs
- 3.0mm (Rigid) 220+ lbs

System 3.0 High Heel Procarbolene

- (select one) 3.2mm (1/8") 175 lbs Flat
- 4.7mm (3/16") 220+ lbs Cup

Steppin' Out Polypropylene

- 3.3mm (1/8") 175 lbs

System 3.0 Men's Dress Procarbolene

- 2.2mm (Semi-Flexible) 175 lbs
- 2.6mm (Semi-Rigid) 220 lbs
- 3.0mm (Rigid) 220+ lbs

Advantage+ Polypropylene

- 3.2mm (1/8") 175 lbs
- 4.7mm (3/16") 220+ lbs

Leisure ORTHOSES

Pedestrian Polyethylene

- 3.0mm up to 185 lbs
- 4.0mm up to 225 lbs
- 5.0mm 220+ lbs

Enhanced Fit Polypropylene

- 3.2mm (1/8") up to 175 lbs
- 4.7mm (3/16") 175+ lbs



Heel Stabilizers Polyethylene

- A 5.0mm 50+ lbs
- B 5.0mm 50+ lbs
- C 5.0mm (Similar to UCBL Device) 50+ lbs
- D 5.0mm 50+ lbs

Roberts Whitman Polyethylene

- 5.0mm 50+ lbs

STEP TWO 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

STEP THREE MODIFICATIONS & ACCESSORIES

- | | |
|---|--|
| <p>L R</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> 2001 ACCOM.
(Reverse Morton's) (Marked in forefoot only) <input type="checkbox"/> <input type="checkbox"/> ARCH FILL <input type="checkbox"/> <input type="checkbox"/> PROLITE <input type="checkbox"/> KOREX <input type="checkbox"/> <input type="checkbox"/> ARCH RAISE (pad) <input type="checkbox"/> <input type="checkbox"/> STANDARD <input type="checkbox"/> 1/8" <input type="checkbox"/> <input type="checkbox"/> COLUMN WEDGE <input type="checkbox"/> <input type="checkbox"/> LATERAL <input type="checkbox"/> MEDIAL <input type="checkbox"/> <input type="checkbox"/> RF POST ONLY <input type="checkbox"/> <input type="checkbox"/> CUBOID RAISE <input type="checkbox"/> <input type="checkbox"/> DANCER'S PAD (as marked) <input type="checkbox"/> <input type="checkbox"/> STANDARD <input type="checkbox"/> AS MARKED <input type="checkbox"/> <input type="checkbox"/> HEEL CUSHION <input type="checkbox"/> <input type="checkbox"/> STANDARD <input type="checkbox"/> AS MARKED <input type="checkbox"/> <input type="checkbox"/> HORSESHOE <input type="checkbox"/> C. POCKET <input type="checkbox"/> <input type="checkbox"/> HEEL LIFT <input type="checkbox"/> <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" <input type="checkbox"/> <input type="checkbox"/> MEDIAL FLAP <input type="checkbox"/> <input type="checkbox"/> MET BAR <input type="checkbox"/> <input type="checkbox"/> MET PAD <input type="checkbox"/> <input type="checkbox"/> #22(S) <input type="checkbox"/> #40(M) <input type="checkbox"/> <input type="checkbox"/> #351(LG) <input type="checkbox"/> <input type="checkbox"/> BEVEL TO 1/8" THICKNESS | <p>L R</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> MORTON'S EXTENSION
(korex) <input type="checkbox"/> <input type="checkbox"/> Standard <input type="checkbox"/> End of toes <input type="checkbox"/> <input type="checkbox"/> NEUROMA PAD (as marked) <input type="checkbox"/> <input type="checkbox"/> TOE CREST <input type="checkbox"/> <input type="checkbox"/> CUBOID RAISE <input type="checkbox"/> <input type="checkbox"/> TOE FILLER (as marked)
(For best results, provide shoe) <input type="checkbox"/> <input type="checkbox"/> 1ST RAY CUTOUT <input type="checkbox"/> <input type="checkbox"/> 5TH RAY CUTOUT <input type="checkbox"/> <input type="checkbox"/> DEEP HEEL CUP <input type="checkbox"/> <input type="checkbox"/> FLANGE <input type="checkbox"/> <input type="checkbox"/> MEDIAL <input type="checkbox"/> LATERAL <input type="checkbox"/> <input type="checkbox"/> GAIT PLATE <input type="checkbox"/> <input type="checkbox"/> IN-TOE <input type="checkbox"/> OUT-TOE <input type="checkbox"/> <input type="checkbox"/> GENTLE HEEL INSERT <input type="checkbox"/> <input type="checkbox"/> INTRINSIC ACCOM.
(Must Be Marked) <input type="checkbox"/> <input type="checkbox"/> LATERAL CLIP <input type="checkbox"/> <input type="checkbox"/> MEDIAL KIRBY 3^{MM} SKIVE <input type="checkbox"/> <input type="checkbox"/> PUMP GRIND <input type="checkbox"/> <input type="checkbox"/> SHAFFER MEDIAL <input type="checkbox"/> <input type="checkbox"/> Slight <input type="checkbox"/> Standard <input type="checkbox"/> Old Style |
|---|--|

STEP FOUR TOP COVER & EXTENSIONS

TOP COVER LAYER

- Personalized Top Cover Plastazote
- EVA Genuine Leather
- Naugahyde NeoStride
- Microfiber

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

PRESCRIPTION ORTHOSES PRODUCT STANDARDS

If order form is not filled out in its entirety, PAL lab standards listed below will apply.

SPORT ORTHOSES

Top Cover - Black Naugahyde
Heel Cup Depth: 10mm
Forefoot Width: Normal
Forefoot Posting: According to cast
Rearfoot Posting: Extrinsic
4° Inverted / 4° Motion

System 3.0 Sport
2.6mm Procarbolene

ProTech
1/8" Polypropylene

Marathotic
5.0mm Polyethylene

Advantage+
1/8" Polypropylene

Leisure ORTHOSES

Top Cover: Light Blue Naugahyde
Forefoot Width: Normal
Forefoot Posting: According to cast
Rearfoot Posting: Extrinsic
4° Inverted / 4° Motion

Pedestrian
3.0mm Polyethylene
Heel Cup Depth: 10mm
Arch Fill: 1/4" SBR
Extension: Covered to End of Toes with 1/16" SBR
Bottom Cover: 1/16" Prolite
Unavailable: Intrinsic Rearfoot Posting

Enhanced Fit
1/8" Polypropylene
Heel Cup Depth: 12mm
Extension: Covered to End of Toes with 1/8" PPT
Bottom Cover: Silon

DRESS ORTHOSES

Top Cover: Navy Naugahyde
Forefoot Posting: According to cast

System 3.0 Women's Flat/Pump
2.6mm Procarbolene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

System 3.0 Women's High Heel
2.6mm Procarbolene
Heel Cup Depth: Flat/Cup
Forefoot Width: Narrow
Extension: Forefoot Blend to Sulcus with 1/16" Prolite

System 3.0 Men's Dress
2.6mm Procarbolene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

Steppin' Out
1/8" Polypropylene
Heel Cup Depth: 10mm
Forefoot Width: Narrow
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion

Advantage+ Dress
1/8" Polypropylene
Heel Cup Depth: 10mm
Forefoot Width: Normal
Rearfoot Posting: Intrinsic
4° Inverted / 4° Motion



Roberts Whitman
5.0 mm Polyethylene
Heel Cup Depth: 15 mm
Top Cover: None
Forefoot Width: Normal
Forefoot Posting: According to Cast
Rearfoot Posting: Extrinsic
4° Inverted/4° Motion
Lateral Clip & Standard Shaffer

Heel Stabilizers
5.0 mm Polyethylene
Heel Cup Depth: 22-30 mm
Top cover: None
Forefoot Width: Normal
Forefoot Posting: According to Cast
Rearfoot Posting: Extrinsic
4° Inverted/4° Motion

A: Lateral flange extends to cuboid

B: Lateral flange extends to 5th met base

C: Anterior end extends to all met heads

D: Lateral flange extends to sulcus, medial extends to talonavicular joint

E: Lateral flange extends to cuboid, medial extends to sulcus

PRESCRIPTION ORTHOSES ORDERING INFORMATION & POLICIES

Pricing & Payments

- Pricing must be finalized with your PAL practice consultants.
- Full payment is due the last day of next month from ship date.
- Delinquent accounts will endure service suspension until payment is received.

Adjustments, Repairs, & Remakes

- Prescription orthoses have a three (3) month warranty from the original ship date for free adjustments and repairs.
This three (3) month adjustment/repair period is null and void if the orthoses shell material has been ground, or cut/sawed, or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear. Refurbishments will be warranted for three months past their shipping date unless remaining original warranty is longer.
- Any shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- Changing product type from the original order will result in a full charge.
- PAL reserves the right to limit the adjustments made available on competitor devices.
- Should patient switch shoe type, PAL reserves the right to limit adjustments on orthoses that were made to fit original shoe.
- PAL must have original orthoses in house before determining whether orthoses requires remake.

Returns & Canceled Orders

- All prescription orthoses offered on this order form are not eligible for a refund on returns.
- Canceled orders that have started the production process may be charged a percentage of the total invoice amount.

Warranties

- Prescription orthoses have a three (3) month (three months for Advantage+ products) warranty from the original ship date for workmanship and product defects.
- All prescription orthoses, excluding TL products, have a lifetime warranty against shell breakage. TL products have a one year warranty against shell breakage.
- Competitor shells and workmanship and defects are not covered under any warranty.
- All prescription orthoses have an extended Safe & Sound Warranty available for purchase. The Safe & Sound Warranty protects against damage and loss for a two-year period from the original ship date. The Safe & Sound Warranty is highly recommended due to protection against outgrowth for patients 18 years of age and under.
- Any new shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- All warranties are null and void if the orthoses shell material has been ground or cut/sawed; or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear.

Accepted Impression Methods

- Plaster casts/splints
- STS socks
- Xtremity3D Digital Scans
- Foam box impressions
- XtremityOne Digital Scans

Cast Storage

- Orthoses casts are stored electronically
- Additional charges apply to return negative casts
- Request to return negative casts must be made at time of initial order