

Ship to:



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5075 South Emmer Drive
New Berlin WI 53151

Podiatrists Orthotics Form

Patient Name: _____ Purchase order: _____

Contact: _____ Date Needed: _____

Left Right Bilateral

Activity Level: _____

Type:

- AFO
- SMO
- UCBL
- FO

Patient Info:

Height: _____
 Weight: _____
 Age: _____
 Dx: _____
 Diabetic? Y N

Cast Correction:

- No Correction
- Correct to _____ deg. pf/df
- Other _____

- Set ankle @ 90
- Hindfoot As Is
- Correct Hindfoot to Neutral

Materials:

- Polypro
- Copoly
Transfer _____
- Other: _____
Thickness: _____
Color: _____

Trims:

- Solid
- Semi-solid
- PLS
- Articulated
 - Tamarack joint
 - Oklahoma joint
 - 90 degree pf stop
 - Adjustable pf stop
- Club trim
- Reverse club trim
- Full Foot
- Sulcus trim
- Sabolich M L
- Post M L

Modification:

- Met pad
- ST mod
- Prox. flare
- Dorsal Wrap

Measurements: (weight bearing)

Floor to fibula neck _____
 Length of foot _____
 Ankle M-L _____
 Met M-L _____

- Padding
 - Over joints
 - Arch
 - Malleolus M L
 - Inlay
 - Type: _____

Please trace insole.

Problem Areas/Special Instructions: _____

Kit: pads, router and attachments, torch, ball, dowel, glue, plaster bandage, indelible pencil, stocking, vise.