



New Cast Image On File

RUSH ORDER:
 \$20
Required By: ___/___/___

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Woodinville, Washington 98072
Tel (800) 780-4292 Fax (425) 486-3553
Tel (425) 486-4292 PacificOrthotic.com

Patient _____ Date _____
Provider _____ PO# _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Email _____

Patient Information: Age _____ Wt. _____ Sex _____ Shoe Size _____ Shoe Type _____
Chief Complaint: _____

Heel Bisection: Perpendicular As Is Inverted Everted R _____° L _____°

Forefoot Posting: Intrinsic Right Varus _____° Valgus _____°
 Extrinsic Left Varus _____° Valgus _____°

Specifications: Heel Cup Depth: Normal Deep Shallow
Orthotic Width: Normal Wide Narrow
Arch Correction: Normal Heavy (lower) Light (higher)

Polypropylene: <input type="checkbox"/> 3/32" (2.3mm) <input type="checkbox"/> 1/8" (3.2mm) <input type="checkbox"/> 5/32" (4.0mm) <input type="checkbox"/> 3/16" (4.7mm) <input type="checkbox"/> 1/4" (6.4mm)	Carboplast II: <input type="checkbox"/> Flexible (1.5mm) <input type="checkbox"/> Semi-Rigid (2.0mm) <input type="checkbox"/> Rigid (2.5mm)	NW DBX6: <input type="checkbox"/> Semi-Rigid (1.5mm) <input type="checkbox"/> Rigid (1.5mm)	TL 2100: <input type="checkbox"/> Flexible (1.8mm) <input type="checkbox"/> Semi-Rigid (2.2mm) <input type="checkbox"/> Rigid (2.8mm) <input type="checkbox"/> Ultra (2.8mm)	Specialty Sport: <input type="checkbox"/> Aerobic Spenco Topcover <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> Super Sport <input type="checkbox"/> Ski Orthotic	Specialty Dress: <input type="checkbox"/> Cobra Style <input type="checkbox"/> Carbo Dress <input type="checkbox"/> Poly Dress <input type="checkbox"/> Black <input type="checkbox"/> Brown
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Accommodative Orthotic: <input type="checkbox"/> Functional <input type="checkbox"/> Non-Functional Polypropylene Shell: <input type="checkbox"/> None <input type="checkbox"/> 1/16" (1.6mm) <input type="checkbox"/> 1/8" (3.2mm)	Arch Fill: <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm	Bottom Cover: <input type="checkbox"/> Multi-Cork <input type="checkbox"/> HR EVA <input type="checkbox"/> None	Specialty Accommodative: <input type="checkbox"/> Soft Step <input type="checkbox"/> Diabetic <input type="checkbox"/> Cork & Leather <input type="checkbox"/> Tri-Lam	Children's Orthotic: <input type="checkbox"/> Rearfoot Controller <input type="checkbox"/> Gait Plate <input type="checkbox"/> Reversed Gait Plate
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Special Work:

PFGroove _____mm Backfill R L
 Kirby Skive _____mm R L
 Metatarsal Pad _____mm R L
 Metatarsal Bar R L
 1st Ray Cut Out R L
 Medial Flange R L
 Morton's Extension Rigid R L
 Reverse Morton's Extension R L
 EVA Arch Fill Lateral Only R L
 Poron Arch Fill Lateral Only R L
 Silipos Relief Pad R L
 Horse Shoe Pad R L
 Heel Cushion R L

* Mark Accommodations on Diagram and Castings



Rear Foot Posting:

None
 4/4 Other: _____
 Polypropylene
 Birko-Cork
 Crepe 60 Duro
 Crepe 70 Duro
 Petite Post
 Heel Lift _____mm R L
 Heel Hole R L

SPECIAL INSTRUCTIONS:

Extension Only:

Sulcus Length 1/16" Poron
 Full Length 1/8" HR EVA
 Multi-Cork

Cushion Layer:

Met Length 1/16" Poron
 Sulcus Length 1/8" HR EVA
 Full Length

Top Cover:

None Black Vinyl
 Tan Leather
 Ultrasuede

Met Length 1/16" Spenco
 Sulcus Length 1/8" EVA/Puff
 Full Length Ucolite
 X-Static
 Plastazote

Bottom Covers:

Vinyl Ultrasuede EVA/Puff Multi-Cork

Positive Castings:

Store Return