

Date: _____ PO#: _____ Account#: _____

Doctor: _____

Address: _____

City: _____ State/Zip: _____ Telephone: _____

PATIENT NAME: _____

Dx: _____ Med Rec #: _____

Asymmetric Feet? Yes Male
 No Female Age: _____ Weight (required): _____

**For PROLAB
office use only**

CUSTOM ORTHOSES FOR SANDALS

ProLab manufactures custom orthoses for sandals with removable insoles (no thong-type).
Sandals are not available through ProLab. **Sandals must be sent with all orders.**

POLYPROPYLENE SHELL - All devices are direct milled (CD)

- Semirigid (**default**)
or
 3mm (1/8") 4mm (5/32") 5mm (3/16") 6mm (1/4")

HEEL CUP DEPTH

- Match to shoe depth

CAST FILL

- Minimum R L
Standard R L
Maximum R L

MEDIAL HEEL SKIVE

- 2mm R L
 4mm R L

INVERT

- _____ ° Right (max 4°)
_____ ° Left (max 4°)

REARFOOT POST

- 0/0 motion poly post

TOPCOVERS (to toes)

- Black** Sport Nylene Leather/Poron
Gray Ultrasuede/Poron
Lt Brown Ultrasuede/Poron

FOREFOOT EXTENSION

- Firm EVA beveled on device
 Firm EVA Reverse Morton's Ext R L

ADDITIONS

- Metatarsal Pad R L
 Neuroma Pad R L _____ interspace

SANDAL INFORMATION

Sandals must be shipped with Rx



Sandal Type

Brand: _____

Color: _____

Shoe Size: _____

SPECIAL INSTRUCTIONS

DOCTOR'S SIGNATURE

(required) _____

ORDER PROCESSING

(rush orders ship overnight)

- Rush 1 day in lab
 Rush 3 day in lab

SHIPPING

- Standard
 FedEx Overnight
 FedEx Ground
 Ship to Patient
(include address)

REORDERS

Do not fax - send sandals with Rx

Image# _____
(reference # from bottom of orthoses)