

Date: \_\_\_\_\_ PO#: \_\_\_\_\_ Account #: \_\_\_\_\_

For PROLAB  
office use only

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

Dx: \_\_\_\_\_ Dr. Email: \_\_\_\_\_

Asymmetric Feet?  Yes  No  Male  Female Age: \_\_\_\_\_ Weight (required): \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Shoe  Enclosed

Select **ONLY ONE** device in Part A (descriptions on back) **-OR-** Complete Part B

**A PATHOLOGY SPECIFIC ORTHOSES™**

- Achilles Tendinitis
- Calcaneal Apophysitis
- Hallux Limitus/HAV
- Intoeing Gait (gait plate)
- Lateral Ankle Instability/Peroneal Tendinitis
- Metatarsalgia
- Neuroma
- Pediatric Flatfoot
- Pes Cavus with Rigid Forefoot
- Plantar Fasciitis due to Everted Rearfoot
- Plantar Fasciitis due to Forefoot Valgus
- Posterior Tibialis Dysfunction
- Navicular sweet spot (mark on cast)  R  L
- Sesamoiditis
- Sinus Tarsi Syndrome
- Tarsal Tunnel Syndrome

**SPECIALTY ORTHOSES**

- ProAerobic  Med  Firm
- Cobra
- Featherweight  Med  Firm
- Graphite Dress
- Graphite Functional
- Holetotic
- Plastazote Functional  Med  Firm
- UCBL

**DIABETIC  
ACCOMMODATIVE\***  
(Foam Box Required)

Milled EVA Shell

Med  Firm

\*Includes diabetic topcover  
(leather / P-cell / Poron)

**B POLYPROPYLENE SHELL**

Choose ONE manufacturing method below

- Vacuum-Formed (VAC) - Black
- Vacuum-Formed (VAC) - White
- Milled (white only; includes poly post)
- No Post

**SHELL RIGIDITY**

Choose Poly Thickness **-OR-** Choose Shell Rigidity

- 2mm (milled only)
- 3mm
- 4mm
- 5mm
- 6mm
- Patient Weight (required): \_\_\_\_\_
- Flexible
- Semirigid
- Rigid

**SIZE & CASTWORK (defaults in bold)**

HEEL CUP DEPTH	WIDTH	CAST FILL	MEDIAL HEEL SKIVE	INVERT	SHELL ACCOMMODATIONS
<input type="checkbox"/> Shallow (10mm)	<input type="checkbox"/> Narrow	Minimum <input type="checkbox"/> R <input type="checkbox"/> L	2mm <input type="checkbox"/> R <input type="checkbox"/> L		Medial Flange <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> <b>Standard (14mm)</b>	<input type="checkbox"/> <b>Standard</b>	<b>Standard</b> <input type="checkbox"/> R <input type="checkbox"/> L	4mm <input type="checkbox"/> R <input type="checkbox"/> L	____° R	PF Groove <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Deep (18mm)	<input type="checkbox"/> Wide	Maximum <input type="checkbox"/> R <input type="checkbox"/> L	6mm <input type="checkbox"/> R <input type="checkbox"/> L	____° L	Sweet Spot (w/ Poron) <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> _____ mm					1st Ray Cut-out <input type="checkbox"/> R <input type="checkbox"/> L

**PLANTAR VIEW**



Note WB heel width and mark all accommodations

**REARFOOT POST**

- TYPE**
- Standard
  - Spot Grind
  - Strip
  - Hole
- MOTION**
- 0/0
  - 4/4
- MATERIAL**
- EVA
  - Polypropylene
- BEVEL**
- (Do not bevel post...)
- Medially  R  L
- Laterally  R  L

**TOPCOVER OPTIONS**

- LENGTH**
- Toes
  - Sulcus
  - Mets
- GLUING**
- Glue All
  - Glue Posterior Half
  - Glue Heel Only
- MATERIAL**
- 3mm Soft EVA (tricolor)
  - 3mm Soft EVA (black)
  - 3mm Firm EVA (black)
  - Diabetic (leather / P-cell / Poron)
  - Leather (black)
  - Nylene  1.5mm  3mm
  - Sport
  - Vinyl
  - Add Poron under topcover  1.5mm  3mm
  - Bottom Cover (vinyl)

**FOREFOOT EXTENSIONS**

- LENGTH**  R  L
- Toes
  - Sulcus
  - Beveled on Device
- MATERIAL**
- Poron
  - Korex
  - EVA  Soft  Firm
- THICKNESS**
- 1.5mm  3mm  5mm  6mm
- ADD**
- Slot (mark on diagram)
  - Punch (mark on diagram)
  - Valgus Extension \_\_\_\_\_° R \_\_\_\_\_° L
  - Varus Extension \_\_\_\_\_° R \_\_\_\_\_° L
  - Rev. Morton's Extension  R  L
  - Morton's Extension  R  L
- Unweight met heads #:

**SPECIAL ADDITIONS**

- Arch Pad  R  L
- EVA Arch Fill  R  L
- Medium
- Firm
- Heel Lift \_\_\_\_\_ mm R \_\_\_\_\_ mm L
- Taper lift to mets (requires EVA 60)
- Heel Pad  R  L
- Horseshoe Pad  R  L
- Metatarsal Pad  R  L
- Metatarsal Bar  R  L
- Neuroma Pad  R  L
- \_\_\_\_\_ Interspace
- Toe Filler (must send shoes)  R  L

**SPECIAL INSTRUCTIONS — Extra charges may apply**

- Adjust (within 90 days of original order)
- Refurbish as before  Refurbish as prescribed above

**ORDER PROCESSING**

- RUSH — 1 day in lab (Rush items ship overnight)
- RUSH — 3 day in lab

**SPECIAL SHIPPING**

- FedEx Overnight
- FedEx Ground
- Ship to Patient

**REORDERS**

(Fax reorders to 707-257-4420)

- Exactly as before
- As prescribed above

Image # \_\_\_\_\_  
(Reference number from bottom of orthotic)

Doctor's Signature (required) \_\_\_\_\_

The predefined orthotic prescriptions below (found in Part A on reverse side) incorporate evidence-based research to address specific pathomechanics. To make changes to any defaults, mark in Part B.

Please Note: Foam boxes are not accepted for functional orthoses.

## PATHOLOGY SPECIFIC ORTHOSES™ DESCRIPTIONS

- Achilles Tendinitis** – Milled, 14mm heel cup, wide, standard cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes, 3mm heel lift
- Calcaneal Apophysitis** – Milled, 20mm heel cup, wide, minimum cast fill, 0/0 poly rearfoot post, EVA cover to toes, Poron heel pad, 3mm heel lift
- Hallux Limitus / HAV** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
- Intoeing Gait (gait plate)** – VAC (black), with shell extended past 4th and 5th met heads, 14mm heel cup, wide, standard fill, 0/0 firm EVA rearfoot post
- Lateral Ankle Instability / Peroneal Tendinitis** – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension
- Metatarsalgia** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes, 3mm Poron forefoot extension, Poron metatarsal bar
- Neuroma** – Milled, 14mm heel cup, wide, minimum cast fill, 2° inversion, 0/0 poly rearfoot post, EVA cover to toes glued posterior half only, 1.5mm Poron forefoot extension, neuroma pad (3rd interspace)
- Pediatric Flatfoot** – Milled, 18mm heel cup, wide with medial flange, minimum cast fill, 4mm medial heel skive, 4° inversion, 0/0 extra-long poly rearfoot post
- Pes Cavus with Rigid Forefoot** – VAC (black), 14mm heel cup, wide, very minimum cast fill, 0/0 firm EVA rearfoot post no lateral bevel, EVA cover to toes, 3° valgus extension, 3mm heel lift
- Plantar Fasciitis due to Everted Rearfoot** – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
- Plantar Fasciitis due to Forefoot Valgus** – Milled, 14mm heel cup, wide, standard cast fill, 0/0 poly rearfoot post, EVA cover to toes, 3° valgus extension
- Posterior Tibialis Dysfunction** – VAC (black), 20mm heel cup, wide with medial flange, standard cast fill, 4mm medial heel skive, 0/0 firm EVA rearfoot post, EVA cover to toes
- Sesamoiditis** – Milled (no bevel distal end), 14mm heel cup, wide, minimum cast fill, 2mm medial heel skive, 3° inversion, 0/0 poly rearfoot post, EVA cover to toes, reverse Morton's extension
- Sinus Tarsi Syndrome** – Milled, 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 0/0 poly rearfoot post, EVA cover to toes
- Tarsal Tunnel Syndrome** – VAC (black), 18mm heel cup, wide, minimum cast fill, 4mm medial heel skive, 2° inversion, 0/0 firm EVA rearfoot post, EVA cover to toes, 3mm heel lift

## SPECIALTY ORTHOSES

### FUNCTIONAL

- ProAerobic** – 3mm VAC (black), 14mm heel cup, standard width, standard cast fill, medium EVA arch fill, 0/0 firm EVA rearfoot post, sport cover to toes, EVA bottom cover
- Cobra** – 3mm VAC (black), 8mm heel cup, narrow with cobra cutout, standard cast fill, extended medium EVA arch fill, 1.5mm nylene cover to sulcus
- Featherweight** – 3mm VAC (black), 14 mm heel cup, standard width, standard cast fill, extended medium EVA arch fill, 3mm nylene cover to toes
- Graphite Dress** – Graphite, 8mm heel cup, narrow, standard cast fill, vinyl cover to sulcus
- Graphite Functional** – Graphite, 14mm heel cup, standard width, standard cast fill, vinyl cover to sulcus
- Holethotic** – VAC (black), 8mm heel cup, narrow, standard cast fill, ground through at heel (hole), vinyl cover to sulcus
- Plastazote Functional** – Plastazote shell, 14mm heel cup, standard width, standard cast fill, 3mm nylene cover to toes
- UCBL** – VAC (black), 30mm heel cup, standard width with medial and lateral flanges, standard cast fill, 0/0 firm EVA rearfoot post

- ACCOMMODATIVE DIABETIC (Foam Box REQUIRED)** – Milled, full length EVA shell, 14mm heel cup, wide, Diabetic cover (leather / P-cell / Poron to toes)

### POLYPROPYLENE SHELL RIGIDITY GUIDELINES\*

		PATIENT WEIGHT				
		<100 lb	100-150 lb	151-200 lb	201-250 lb	>250 lb
POLY THICKNESS	2mm <small>(milled only)</small>	Flexible	Very Flexible			
	3mm	Semirigid	Flexible	Very Flexible		
	4mm	Rigid	Semirigid	Flexible	Very Flexible	
	5mm	Very Rigid	Rigid	Semirigid	Flexible	Very Flexible
	6mm		Very Rigid	Rigid	Semirigid	Flexible

\*The above rigidity chart is provided as a guideline only. Shell flexibility will vary with foot shape, foot size, prescription options, and manufacturing methods.