

Date: _____ PO#: _____ Account #: _____

Doctor: _____

Address: _____

City: _____ State / Zip: _____ Phone: _____

PATIENT NAME: _____ Med Rec #: _____

Dx: _____ Dr. Email: _____

For PROLAB
office use only

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
- Holethotic
- 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

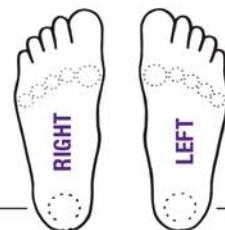
Patient Weight (required): _____

- 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"/> Standard (14mm) | <input type="checkbox"/> Standard | Standard <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) _____ R _____ L
- 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 fill)
- 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 orthotics)

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 (milled only) | 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.