

Date: _____ PO#: _____ Account #: _____

Doctor: _____

Address: _____

City: _____ State / Zip: _____ Phone: _____

PATIENT NAME: _____ Med Rec #: _____

Dx: _____ Dr. Email: _____

For PROLAB
office use only

SCAN

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 Pes Cavus with Rigid Forefoot
 Calcaneal Apophysitis Plantar Fasciitis due to Everted Rearfoot
 Hallux Limitus/HAV Plantar Fasciitis due to Forefoot Valgus
 Intoeing Gait (gait plate) Posterior Tibialis Dysfunction
 Lateral Ankle Instability/Peroneal Tendinitis Navicular sweet spot (mark on cast) R L
 Metatarsalgia Sesamoiditis
 Neuroma Sinus Tarsi Syndrome
 Pediatric Flatfoot 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 Milled (white only; includes poly post)
 Vacuum-Formed (VAC) – White No Post

SHELL RIGIDITY

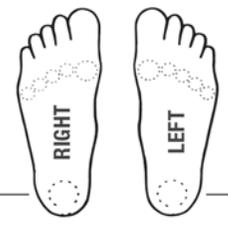
Choose Poly Thickness –OR– Choose Shell Rigidity

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

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	____° R ____° 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		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		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

R L

LENGTH
 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) _____ R _____ L
 Valgus Extension _____° R _____° L
 Varus Extension _____° R _____° L
 Rev. Morton's Extension R L
 Morton's Extension R L

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 prescribed above
 Refurbish as before Ship to Patient (include address)

 Doctor's Signature (required) _____

ORDER PROCESSING
(Rush items ship overnight)
 RUSH – 1 day in lab
 RUSH – 3 day in lab

SPECIAL SHIPPING
 Overnight
 2-Day
 Ground

REORDERS

(Fax reorders to 707-257-4420)
 Exactly as before
 As prescribed above
 Image # _____
 (Reference number from bottom of orthotics)
 Rev2022

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.