



6131 Lake Worth Rd. Ste C  
Greenacres, FL 33463

Tel: (866) 366-8929

Fax: (561) 964-1091

Date: \_\_\_\_\_ Account: \_\_\_\_\_

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

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

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

Patient Name: \_\_\_\_\_ Dx: \_\_\_\_\_

For FOOTWAY office use only:

Male  Female Age: \_\_\_\_\_ Weight (required): \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Shoe Enclosed: \_\_\_\_\_

**TYPE OF ORTHOSIS**

**Sports**

- 1/8" polypro
- 5/32" polypro
- 3/16" polypro
- 1/4" polypro
- graphite/composite
- walk polyethylene/EVA
- runner copolymer/EVA

**Rigidity**

- Flex
- Semi rigid
- Rigid

**Dress**

- Women**
- Teardrop (flat)
- Slender (High Heels)
- Pump (Cobra Design)
- Men**
- Polypro (intrinsic rearfoot)
- Graphite/composite (intrinsic rearfoot)

**Width**

- Narrow
- Standard
- Wide

**Accommodative**

- Cork/EVA
- Multicork
- Plastizote (white/silver)
- EVA

**Children**

- Whitman
- Gait Plate
- UCBL
- to correct:
- in-toe
- out-toe

POSTING INSTRUCTIONS	CASTFILL	EXTENSIONS	<p style="text-align: center;"><b>R                      L</b> Accommodate as Marked</p>
<input type="checkbox"/> Rearfoot <input type="checkbox"/> Forefoot <input type="checkbox"/> 4/4 (std) <input type="checkbox"/> Accord. to cast (std) <input type="checkbox"/> 0/0 <input type="checkbox"/> Extrinsic : <input type="checkbox"/> Intrinsic        (measurements below) <input type="checkbox"/> Extrinsic <b>Right</b> _____ varus <b>Right</b> _____ valgus      _____ varus _____ valgus      _____ valgus <b>Left</b> _____ varus <b>Left</b> _____ valgus      _____ varus _____ valgus      _____ valgus	Minimum <input type="checkbox"/> R <input type="checkbox"/> L Standard <input type="checkbox"/> R <input type="checkbox"/> L Maximum <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Met length <input type="checkbox"/> Sulcus length <input type="checkbox"/> Full length	
	<b>TOP COVERS</b>		
	<input type="checkbox"/> Vinyl      Thickness: <input type="checkbox"/> Neoprene <input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8 <input type="checkbox"/> Leather <input type="checkbox"/> Pink Plastizote <input type="checkbox"/> EVA	<b>Material</b> <input type="checkbox"/> Poron <input type="checkbox"/> Eva  <b>Thickness:</b> <input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8	

**ACCOMMODATIONS**

- DEEP HEEL CUP
- U PAD AS MARKED
- HEEL SPUR  R  L
- cutout  horseshoe pad
- ACCOMMODATE IN SHELL
- HEEL LIFT \_\_\_\_\_mm
- R  L
- ARCH PAD  R  L
- TOE FILLER  R  L
- HIGH MEDIAL FLANGE
- HIGH LATERAL FLANGE
- MEDIAL KIRBY SKIVE
- ARCH FILL  R  L
- DANCERS PAD  R  L
- REVERSE MORTON'S EXTENSION  R  L
- MORTON'S EXTENSION  R  L
- soft  firm(incorporated into shell)
- NEUROMA PAD(as marked on cast)  R  L
- TOE CREST  R  L
- 1ST RAY CUTOUT  R  L
- MET BAR  R  L
- MET PAD  R  L
- 1ST MET CLIP  R  L
- PF GROOVE  R  L
- HEEL PAD  R  L
- 1/8  1/16

**SPECIAL INSTRUCTIONS:**

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