



6131 Lake Worth Rd. Ste C
Greenacres, FL 33463

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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)
- Polypro (intrinsic rearfoot)
- Graphite/composite (intrinsic rearfoot)

Men

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	
<input type="checkbox"/> Rearfoot <input type="checkbox"/> 4/4 (std) <input type="checkbox"/> 0/0 <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic Right _____ varus _____ valgus Left _____ varus _____ valgus <input type="checkbox"/> Forefoot <input type="checkbox"/> Accord. to cast (std) <input type="checkbox"/> Extrinsic : (measurements below) Right _____ varus _____ valgus Left _____ varus _____ 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 TOP COVERS <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	<input type="checkbox"/> Met length <input type="checkbox"/> Sulcus length <input type="checkbox"/> Full length <input type="checkbox"/> Blend to shell (std) <input type="checkbox"/> Cover shell Material <input type="checkbox"/> Poron <input type="checkbox"/> Eva Thickness: <input type="checkbox"/> 1/16 <input type="checkbox"/> 1/8	

ACCOMMODATIONS

- | | | |
|--|---|---|
| <input type="checkbox"/> DEEP HEEL CUP
<input type="checkbox"/> U PAD AS MARKED
<input type="checkbox"/> HEEL SPUR <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> cutout <input type="checkbox"/> horseshoe pad
<input type="checkbox"/> ACCOMMODATE IN SHELL
<input type="checkbox"/> HEEL LIFT _____ mm
<input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> ARCH PAD <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> TOE FILLER <input type="checkbox"/> R <input type="checkbox"/> L

(Please include shoe) | <input type="checkbox"/> HIGH MEDIAL FLANGE
<input type="checkbox"/> HIGH LATERAL FLANGE
<input type="checkbox"/> MEDIAL KIRBY SKIVE
<input type="checkbox"/> ARCH FILL <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> DANCERS PAD <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> REVERSE MORTON'S EXTENSION <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> MORTON'S EXTENSION <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> soft <input type="checkbox"/> firm (incorporated into shell) | <input type="checkbox"/> NEUROMA PAD (as marked on cast) <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> TOE CREST <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> 1ST RAY CUTOUT <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> MET BAR <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> MET PAD <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> 1ST MET CLIP <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> PF GROOVE <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> HEEL PAD <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> 1/8 <input type="checkbox"/> 1/16 |
|--|---|---|

SPECIAL INSTRUCTIONS:
