



Lab #:

# Order Form

Date:

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## Prescription Orthotics

Dr. \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check Enclosed  Credit Card:  Use CC for Future Orders - Fax ( ) - \_\_\_\_\_ e-mail \_\_\_\_\_

AMEX  MC  VISA  DIS CC# \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_ CC Security code \_\_\_\_\_ St. # from CC \_\_\_\_\_ Zip code from CC \_\_\_\_\_

Patient \_\_\_\_\_

FIRST NAME

LAST NAME

Sex \_\_\_ Age \_\_\_ Height \_\_\_ Weight \_\_\_ Shoe Size \_\_\_ Shoe Width \_\_\_ Shoe Style \_\_\_\_\_ Activity \_\_\_\_\_

History

RUSH: Needed By \_\_\_/\_\_\_/\_\_\_  Ship Back Using FedEx Express (Freight applies)  Number of Same Pair \_\_\_\_\_  
(Use another form for a second different pair)

### Ordering

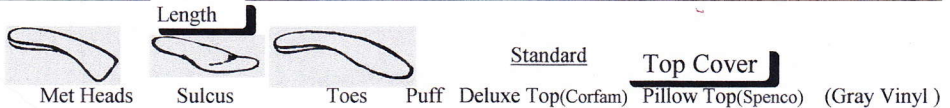
Rush Cast Boxes. 2 inch qty. \_\_\_\_\_ (\$6.00 each) Return Casts (\$25.00) \_\_\_\_\_

On return of your System II finished orthotic, your free cast box will be replaced. Rushed cast boxes will be shipped upon request. (Freight applies)

Regular Shipping Labels qty. \_\_\_\_\_  FedEx Labels qty. \_\_\_\_\_  
 Mailing Cartons For Plaster Casts qty. \_\_\_\_\_  Order Forms qty. \_\_\_\_\_  Extra Velcro Pairs qty. \_\_\_\_\_ (\$1.50 pair)

NHC = No Heel Cups

### Custom Easy Order System II



Box	NHC	Orthotic	Met Heads	Sulcus	Toes	Puff	Deluxe Top(Corfam)	Pillow Top(Spenco)	(Gray Vinyl)
1" Box	<input type="checkbox"/>	EZ-1 Standard Spinal Orthotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray		
1" Box	<input type="checkbox"/>	EZ-2 Women's Dress Orthotic SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray	1/16 Blue Perforated	
1" Box	<input type="checkbox"/>	EZ-3 Men's Dress Orthotic SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray	1/16 Blue Perforated	
1" Box	<input type="checkbox"/>	EZ-4 Western Boot Orthotic SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Blue Puff		
1" Box	<input type="checkbox"/>	EZ-5 All Sports Orthotic SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray	1/8 Blue Spenco	
1" Box	<input type="checkbox"/>	EZ-5A Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray		
1" Box	<input type="checkbox"/>	EZ-5B Spike -Football & Sprinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/16 Gray		
1" Box	<input type="checkbox"/>	EZ-5C Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Perforated		
1" Box	<input type="checkbox"/>	EZ-5D Skate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Perforated		
1" Box	<input type="checkbox"/>	EZ-6 High Stress Sports (Basketball, Tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Spenco		
1" Box	<input type="checkbox"/>	EZ-7 Cushion Flex Geriatric Orthotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Puff		
2" Box	<input type="checkbox"/>	EZ-15 Soft EVA (Standard) <input type="checkbox"/> Plastazote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Spenco		1/16
2" Box	<input type="checkbox"/>	EZ-16 Cork & Leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Spenco		1/16
2" Box	<input type="checkbox"/>	EZ-18 Polyethylene Semi-Flexible All Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Spenco		1/16
2" Box	<input type="checkbox"/>	EZ-20 Polypropylene Semi-Rigid All Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8 Blue Spenco		1/16

### Custom Order System I

- Give Size  X-13HL Heel Lift (Fill Out Back)
- 2" Box  X-14 Subortholene
- 2" Box  X-15 EVA (Standard)  Plastazote
- 2" Box  X-16 Cork & Leather
- 2" Box  X-17 Polydor
- 2" Box  X-18 Polyethylene Semi-Flexible All Sport
- 2" Box  X-19 Carbon Graph
- 2" Box  X-20 Polypropylene Semi-Rigid All Sport
- 2" Box  X-21 Dress Hook
- 2" Box  X-22 Balance Flex
- 2" Box  X-23 Semi-Flexible Dress Orthotic

Length	Top Cover		
<input type="checkbox"/>	Blue Pillow(Spenco)	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Blue Pillow	<input type="checkbox"/>	1/16 <input type="checkbox"/>
<input type="checkbox"/>	Deluxe(Corfam) Gray	<input type="checkbox"/>	1/16 <input type="checkbox"/>
<input type="checkbox"/>	Leather	<input type="checkbox"/>	1/16 <input type="checkbox"/>
<input type="checkbox"/>	Blue Perforated	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Puff	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Pink Plastazote	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Diab-A-Sheet	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Poron®Velvet	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Poron® Plain	<input type="checkbox"/>	1/8 <input type="checkbox"/>
<input type="checkbox"/>	Vinyl (1/16)	<input type="checkbox"/>	Black <input type="checkbox"/>
		<input type="checkbox"/>	White <input type="checkbox"/>
		<input type="checkbox"/>	Blue <input type="checkbox"/>
		<input type="checkbox"/>	Brown <input type="checkbox"/>
		<input type="checkbox"/>	Tan <input type="checkbox"/>
		<input type="checkbox"/>	Gray <input type="checkbox"/>
		<input type="checkbox"/>	Red <input type="checkbox"/>
		<input type="checkbox"/>	Cranberry <input type="checkbox"/>

- X-23 Polypropylene (Standard)  X-23 Polyethylene
- X-23 Carbon Graph  X-23 Subortholene

Extension Padding is standard 1/8<sup>th</sup> Poron®, plus the thickness of the top cover.

- Use 1/16<sup>th</sup> of padding instead  Do not use any extra padding
- Use 3/16<sup>th</sup> of padding instead  Other (May be discussed with Lab Director)

Mr. Arch Pre-Made Orthotics. Women's Dress 5-6 1/2 \_\_\_ 7-8 1/2 \_\_\_ 9+ \_\_\_  
Sport \_\_\_\_\_

Men's Dress 8-9 1/2 \_\_\_ 10-11 1/2 \_\_\_ 12+ \_\_\_  
Sport \_\_\_\_\_

\*Can use 1" or 2" Box or Plaster Cast for: EZ #1,2,3,4,5,6,7, System 11 Orthotics, & EZ Specialized Sport Orthotics. (Must use 2" Box or Plaster Cast for all others)



# Custom System Details:

## Shell Type

**Standard**

Low Heel Cup  Medial Flange  Lateral Flange  Medial & Lateral  Roberts Plate  U.C.B.L.  Gait Plate  
 Left  Right  Left  Right  Left  Right  Left  Right  Left  Right  Left  Right  Left  Right  Left  Right  Left  Right

Heel Cup Height is approx. 1/4 - 3/8    Heel Cup Height is approx. 1/2 - 5/8    All height and widths are based on each individual foot. Approximations are based on the average foot.

## Shell Dimensions

**Width:**

Narrow - Shell is contained between 1<sup>st</sup> and 5<sup>th</sup> met. heads

Regular - Shell dichotomizes the 1<sup>st</sup> and 5<sup>th</sup> met. heads

Wide - Shell encompasses the 1<sup>st</sup> and 5<sup>th</sup> met. heads

**Arch Height:**

To Cast - Determined during posting to balance the foot

Standard High - 1/8 of plaster fill

Medium - 3/8 of plaster fill

Low - 1/2 of plaster fill

**Heel Cup Height:**

Low - 3/8

Standard Medium - 5/8

High - 3/4

## Heel Raise

Left  mm    Right  mm

## Pronation Supination

**Gait**

## Shell Padding

Standard, may be added over shell (under vinyl top only)

None

1/16 Poron®

1/8 Poron®

## Posting Instructions(System I)

Post According To Positive Model(Standard)

No Posting(neutral shell only)

Forefoot Only(No measurements needed)

Post According To Measurements

Left Varus Valgus    Right Varus Valgus

RearFoot

ForeFoot

## Modifications To Shell

Cut Out 1<sup>st</sup> Ray In Shell  Left  Right

Cut Out 5<sup>th</sup> Ray In Shell  Left  Right

Reinforce Arch  Left  Right

## Modifications To Metatarsal Bar(System II)

Standard: 1/8 Thick ♂ Varus Wedge

**Changes By Degree:** Left  Right

Varus

Valgus

Draw In Any Other Changes:

Left    Right

5 4 3 2 1    1 2 3 4 5

Metatarsal Heads    Metatarsal Heads

**Changes By Shape:**

Left  Right  Left   Left

## Modifications To Orthotic (System II)

**Medial Bars**  Left  Right

**Lateral Bars**  Left  Right

## X-13 Heel Lift

Male  Female    Shoe Size \_\_\_\_\_

Height:  mm

## Accommodation Chart:

**Mortons Extension**

**X for R or L Neuroma bar**

**Mortons Extension**

**Right Foot**    **Left Foot**

**X for R or L Accommodations**

1/8<sup>th</sup> depth standard or

**H Hole**

Write in Desired Depth on selected Heads

**x for Soft U-pad**

**x for R or L Heel Spur pad**

small medium large

x for met. pad size and height

small medium large

x for met. pad size and height

Lateral Spur Pad    Medial Spur Pad    Center Spur pad

Drill Out With Soft Plug    Drill Out With Soft Plug