

ORTHOTIC ORDER FORM

SIGNATURE CUSTOM ORTHOTICS

303-238-8443 Fax: 303-238-8722 www.signatureorthotics.com
 992 S. 4th Ave., Suite 100/264 Brighton, CO 80601



Date
Cast:
Account #:

PRACTITIONER
Name: _____
Address: _____
Phone: _____

PATIENT
Name: _____
<input type="checkbox"/> F <input type="checkbox"/> M Age: _____
Height: _____ Weight: _____
Shoe size: _____ Shoe type: _____

SHIPPING
<input type="checkbox"/> Next day - Add \$40.00**
<input type="checkbox"/> 2-Day - Add \$25.00**
Please send our office
<input type="checkbox"/> Order Forms

RUSH CHARGES (ADD \$50) Please initial _____ Date Needed _____ **

TYPE OF ORTHOTIC: (Select Rigidity) _____SF _____SR _____R _____VR

- | | | |
|--|--|--|
| <input type="checkbox"/> Polytech | <input type="checkbox"/> Golf-Tech | <input type="checkbox"/> Hangtime* |
| <input type="checkbox"/> Polytech Sporty | <input type="checkbox"/> Ski* | <input type="checkbox"/> Highlander* |
| <input type="checkbox"/> Polytech Dress | <input type="checkbox"/> Cycle | <input type="checkbox"/> Bender 2000* |
| <input type="checkbox"/> Fashion Tech | <input type="checkbox"/> Thin-Tech Lite* | <input type="checkbox"/> Walk-About* |
| <input type="checkbox"/> Carbotech | <input type="checkbox"/> Thin-Tech Sport* | <input type="checkbox"/> Corky |
| <input type="checkbox"/> Carbotech Dress | <input type="checkbox"/> Thin-Tech Tenderfoot* | <input type="checkbox"/> Naot Orthotic |
| <input type="checkbox"/> Tech Lite* | | <input type="checkbox"/> Modified UCBL |

*Price includes Full Cover

POSTING INSTRUCTIONS

- HEEL POSTING
- 4° VAR/4° Motion None
- Per Measurements
- L _____ Varus/_____ Motion
- R _____ Varus/_____ Motion

FOREFOOT INTRINSIC POST

- | | | |
|---------------|---------|---------|
| | LEFT | RIGHT |
| Balanced (0°) | _____ | _____ |
| Correction | _____ | _____ |
| | VAR/VAL | VAR/VAL |
- Extrinsic Forefoot Post

PLASTER FILL

- Minimal
- Moderate
- Forgiving

GRINDING INSTRUCTIONS

- Wide
- Normal
- Narrow

LENGTH OF TOPCOVER

- Met Heads Sulcus Full
- Pad Forefoot Only
- Pad Footplate and Extension
- No Cover

ACCOMMODATIONS

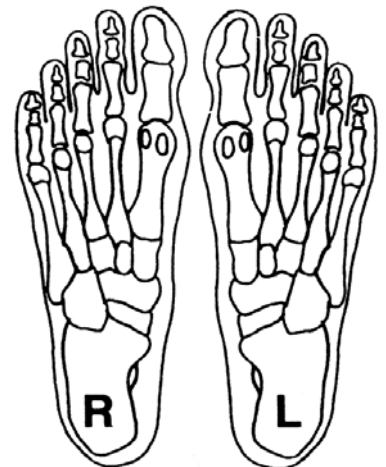
- Heel Spur (Intrin) Heel Pad (1/8")
- Heel Spur Pad
- Morton's Ext _____ L _____ R
- Met Raise _____ S _____ M _____ L
- Neuroma Tube (indicate interspace)
- Fascial Groove _____ L _____ R
- Medial Flange _____ L _____ R
- Medial Heel Skive _____ L _____ R

PADDING TYPES

- Sky (1/16" 1/8") Firm Foam
- R-Lite (1/16" 1/8") Perforated Foam
- Neoprene (1/8")
- P-Lite (3/16") Replaces Plastazote
- Snazzy Pad Med. Accommodating
- Naugahyde Mocha, Blue, Tan
- B-Lite

OTHER ADDITIONS

- Heel Lift _____ mm L _____ mm R
- Deep Heel Cup _____ mm (Depth increase)
- Balance Pad _____ Soft (Foam)
- _____ Med Density (Corex)



COMMENTS

Signature: _____

Thank you for your trust !