




FOOT ORTHOSIS

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		<small>INTERNAL USE - DO NOT FILL IN PATIENT ID</small>
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Step 1: Device Type

EVA FOAM	PLASTIC LOW	PLASTIC HIGH
 Standard Trim Full Length	Alternate Cover and Padding Lengths* <input type="checkbox"/> Sulcus <input type="checkbox"/> Full  *Standard Length is Proximal to Met Heads	Alternate Padding Lengths* <input type="checkbox"/> Sulcus <input type="checkbox"/> Full  *Standard Length is Proximal to Met Heads
L B R FUNCTIONAL** L B R ACCOMMODATIVE** <input type="checkbox"/> POSTED L B R PROSTHESIS** <input type="checkbox"/> POSTED	L B R FUNCTIONAL** <input type="checkbox"/> PADDED L B R ACCOMMODATIVE** <input type="checkbox"/> PADDED L B R PROSTHESIS**	L B R FUNCTIONAL** <input type="checkbox"/> PADDED L B R ACCOMMODATIVE** <input type="checkbox"/> PADDED L B R PROSTHESIS**

**Check back of this form for material specifications. Plastic thickness will be selected based on patient weight.

Step 2: Modifications and Additions

REARFOOT	MIDFOOT	FOREFOOT
L B R Do Not Change* Or Change to _____ L B R Medial Wedge Height or Angle _____ L B R Lateral Wedge Height or Angle _____ L B R Posterior Wedge Height or Angle _____	L B R Increase Arch Height L B R Decrease Arch Height L B R Navicular Relief L B R Cuboid Relief	L B R Do Not Change* Or Change to _____ L B R Medial Wedge Height or Angle _____ L B R Lateral Wedge Height or Angle _____ L B R Metatarsal Pad Small Medium Large

*Rearfoot and forefoot correction to neutral is standard.

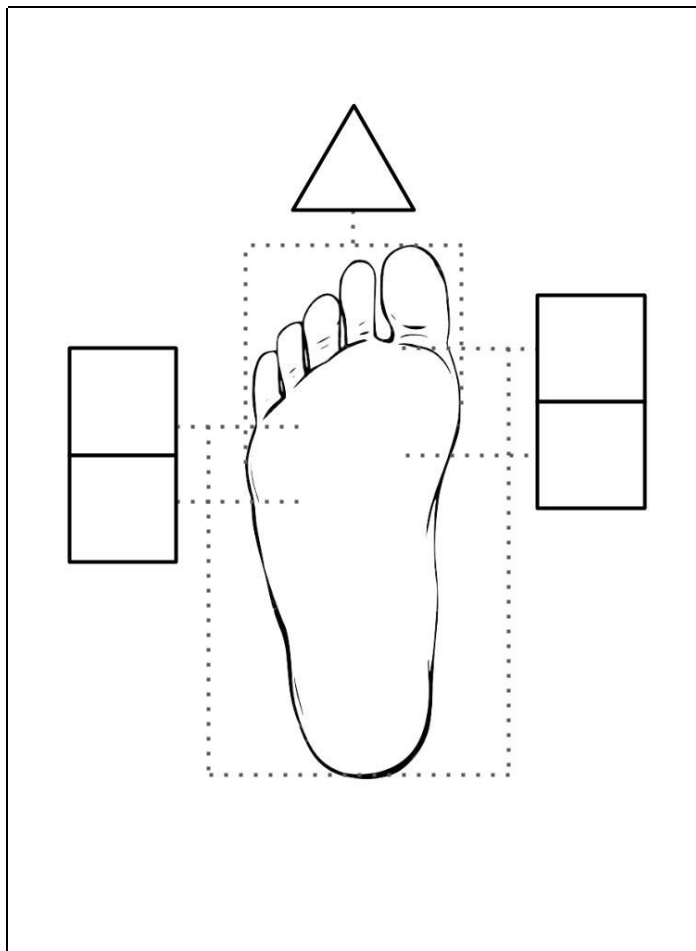
Step 3: Order Notes and Special Requests



RECEIVED DATE	COMPLETED DATE

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



Material Specifications and Warranty

Call with questions or for other material options.
Warranty information is available at www.aodcfab.com

EVA FOAM

- **FUNCTIONAL**
 - 35 Durometer EVA Foam Shell
 - 55 Durometer EVA Foam Post
- **ACCOMMODATIVE or PROSTHESIS**
 - 25 Durometer EVA Foam Top Layer
 - PPT/Poron Middle Layer
 - 35 Durometer EVA Foam Bottom Layer
 - 55 Durometer EVA Foam Post *optional*

PLASTIC LOW

- **FUNCTIONAL**
 - Leather Cover
 - PPT/Poron Padding *optional*
 - Polypropylene Homopolymer Shell and Post
- **ACCOMMODATIVE**
 - Leather Cover
 - PPT/Poron Padding *optional*
 - Polypropylene Copolymer Shell and Post

PLASTIC HIGH

- **FUNCTIONAL**
 - 35 Durometer EVA Foam Padding *optional*
 - 25 Durometer EVA Foam Arch Pad *optional*
 - Polypropylene Homopolymer Shell and Post
- **ACCOMMODATIVE**
 - 35 Durometer EVA Foam Padding *optional*
 - 25 Durometer EVA Foam Arch Pad *optional*
 - Polypropylene Copolymer Shell and Post

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS