



PODITECH ORTHOTICS LABORATORY

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INTERNAL USE

IN-LAB DATE: _____

ORDER#: _____

SHIP DATE: _____

DOCTOR: _____

PHONE: _____ DATE _____

PATIENT'S NAME FIRST: _____ LAST: _____

CHIEF COMPLAINT: _____

AGE: _____ SEX: _____ WT.: _____ SHOE SIZE: _____

DFO or STD?

DFO products feature Anti-pronation shells and come with Dynamic Flex™ custom cuts on the lateral flange, Anti-pronation flange medial column, standard heel posts and plantar filling. DFO's Support STJ respiration naturally throughout stance phase. Less pressure under medial column.

STD products are polypropylene shells. STD orthotics produce passive pressure against the medial column.

PLEASE CHECK ONE:

HAND CORRECTED

SYSTEM Rx

DFO **STD**

CHOOSE BETWEEN DYNAMIC FUNCTIONAL ORTHOTIC SHELLS (DFO) AND STANDARD ORTHOTIC SHELLS (STD)

Support STJ respiration naturally throughout stance phase. Less pressure under medial column.

1 **ALL SPORT ORTHOTICS** - Standard width shells, 14-16 mm heel cup. For all sport and general uses, fits most athletic and regular shoes. Ideal for action sports.
[Check for graphite STD shells]

2 **ALL PURPOSE ORTHOTICS** - Narrow width shells, 12-14 mm heel cup. Fits most casual shoes with heels up to 1/2" high.
[Check for graphite STD shells]

3 **FASHION ORTHOTICS** - Narrow width shells, flat heel seat, flat heel post, thin plantar filling. Thin top covers up to sulcus. Fits fashion shoes with heels over 1/2" high. **NOTE:** Must send patient's shoes with foot cast.
[Check for graphite STD shells]

4 **UCBL ORTHOTICS** - Wide width shells, 18-28 mm heel cup. For severe abnormal pronation in children.

5 **GAIT PLATE** - Wide width shells, 14-16 mm heel cup. For in-toed gait in children.

6 **GERIATRIC ORTHOTICS** - More flexible standard width shells, 12-14 mm heel cup. Fits most casual shoes.

7 **DIABETIC ORTHOTICS** - More flexible, wide width shells, 12-14 mm heel cup. Full length, double layer top cover with spenco and Plastazole.

REPAIR / REMAKE

2ND PAIR

RETURN POSITIVE CAST
(ADDITIONAL SHIPPING CHARGE)

STORE CASTS FOR 6 MONTHS

RUSH ORDER - NEEDED BY (DATE): _____
(1 day \$50 / 2 day \$35)

SHELL MODIFICATIONS

ORTHOTIC WIDTH L R NARROWER WIDER
 MEDIAL FLANGE L R NARROWER WIDER
 LATERAL FLANGE L R NARROWER WIDER
 DEEP HEEL SEAT L R DEPTH: _____
 HEEL CUT OUT L R

POSTING SPECIFICATIONS

(Required for standard shell orders)

POST ACCORDING TO LAB EVALUATION
 REARFOOT VARUS/VALGUS: L _____⁰ R _____⁰
 FOREFOOT VARUS/VALGUS: L _____⁰ R _____⁰
 INTRINSIC REARFOOT POST L R

SPECIAL PADDING

MET PAD L R THICKNESS: _____
 MET BAR L R THICKNESS: _____
 MORTON EXT L R THICKNESS: _____
 HEEL LIFT L R THICKNESS: _____
 FASCIA GROOVE L R THICKNESS: _____
 NEUROMA PAD L R THICKNESS: _____

TOP COVERS

METS LENGTH SULCUS LENGTH FULL LENGTH *(indicate length)* _____

MATERIALS AND THICKNESS: *(INDICATE IN FRACTION OF AN INCH)*

SPENCO _____, VINYL _____, PORON _____, PLASTAZOLE _____, LEATHER _____

ADDITIONAL PADDING UNDER TOP COVER: *(ADDITIONAL CHARGE)*

PPT _____, PLASTAZOLE _____

SPECIAL NOTES