

If you are emailing a scan, please include the completed order form along with the scan to Inovaorthopedicsadmi@gmail.com. To help us in tracking orders that are mailed, please email completed forms to: Inovaorthopedicsadmi@gmail.com then mail the order form along with casts or crush box to: 218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

FUNCTIONAL FOOT ORTHOTIC

Date Mailed: _____

Date Needed: _____

(Standard fab time 10 days in house)

3 Day Rush Order: \$75.00

PO #: _____ Acct #: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ M F Weight: _____

REUIRED: Shoe Brand: _____ Shoe Model: _____ Shoe Size: _____

Width: _____ Foot Length: _____

Orthotic Design (Select one)

- Shell: POLYPRO COPOLY
 GRAPHITE
 DRESS (Low Profile)
 THERMOCORK
 MULTICORK
 SMO (Traditional)
 UCBL

MID LAYER

- PORON 1/8"
 PORON XRD 1/16"
 PORON SRP

REFURBISH OR REPAIR

DUPLICATE CURRENT ORTHOTICS

Orthotic Type (Select one)

- 1/8" up to 150 LBS
 5/32" up to 250 LBS
 3/16" up to 350 LBS

TOP COVER

- LEATHER
 VINYL X-STATIC
 SPENCO (NEOSPONGE)
 MICROCEL-PUFF (Select Color)
 PORON W/BUE SUEDE
 PLASTAZOTE
 EVA BLUE BLACK
 BLACK EVA 1/8"
 PCELL 1/16"
 OTHER _____ (Color)

Cover Length

- METS
 SULCUS
 TOES

NEUTRAL HEEL POST

- Y N



Remarks/Instructions: _____

| ACCOMODATIONS | L | R | | | |
|----------------------------|---|---|---|---|---|
| Metatarsal Pad | | | | | |
| Metatarsal Bar | | | | | |
| Heel Pad | | | | | |
| 1 st Ray Cutout | | | | | |
| Dancer's Pad | | | | | |
| Morton's Extension | | | | | |
| Medial Flange | | | | | |
| Lateral Flange | | | | | |
| Arch Reinforcement | | | | | |
| METATARSAL RELIEF | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| LEFT | | | | | |
| RIGHT | | | | | |

| POSTING | L | R | B |
|------------------|---|---|---|
| EXTRINSIC | | | |
| Rearfoot Medial | | | |
| Rearfoot Lateral | | | |
| Forefoot Medial | | | |
| Forefoot Lateral | | | |
| INTRINSIC | | | |
| Forefoot Medial | | | |
| Forefoot Lateral | | | |

Scan & Save Mold