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performlab.com
Acct #

PATIENT DATA

Name: Last First MI
 Occupation
 Age Sex Height " **WEIGHT:**

Doctor:
 Call to Discuss

SHOE DATA

SHOE SIZE:
 Width: Fit Orthotics to shoes mailed
 Heel Height: Note: Identify Shoes with Doctor and Patient Name
 Shoe Style:

SPORT
 Flex Flex/High Impact Flex SL Substitute SuperFlex Shell Flex SL/High Impact

FUNCTIONAL
 Ortholen Fit \$ Stealth Post \$ Interweave \$ Stealth Post \$
 Positive Stride Substitute Carbon \$
 Flexible: 1 2 3 Rigid Flexible: 1 2 3 Rigid

CHILDREN
 Standard Medial Flange Ortholen Positive Stride
 Deep Draw Lateral Clip Acrylic
 Gait Ext. To Cause: Toe In Toe Out

FASHION
 Fashion Plate Women's Esprit Women's Substitute Flexible Polypropylene Shell Gaitmax
 Substitute Graphite Composite \$ Substitute Fiberglass Composite
 Fashion Plate Men's Esprit Men's Substitute Fit Material \$ Stealth \$
 Substitute Graphite Composite (* not available) Substitute Graphite Composite \$

ACCOMMODATIVE
 Form Flex Corrective Form Flex Accommodative Plastazote EVA Mold
 Sub Flexible Shell Substitute Flexible GEL Composite Cellular Rubber Soft
 Sub Firm Post Leatherworks Mold Korex Medium
 EVA Firm

LEVEL
 DM Direct Milled VF Vacuum Formed 3/32 1/8 5/32 3/16

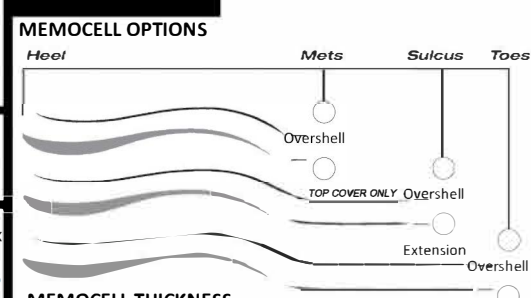
SHELL MODIFICATIONS
HEEL CUP DEPTH mm: 8 10 12 14 16 18 (Low Medium Deep)
SHELL WIDTH 5th MPJ Thru: 1st MPJ Bisect 1st 1 stS (Wide Medium Narrow)
MEDIAL ARCH HEIGHT: L R TIGHT TO CAST; L R LOWER 1/8 1/4 3/8; L R RAISE 1/8 1/4 3/8
MEDIAL FLANGE SOFT: L R B/L
LATERAL FLANGE: L R B/L
MEDIAL HEEL SKIVE mm: L R B/L
PLANTAR FASCIAL GROOVE: L R B/L (Mark Cast / Use Diagram Below)
SWEET SPOT: L R B/L (Mark Cast / Use Diagram Below)
1st MET CUT OUT: L R B/L
RAY CUT OUT: 1st 5th; L R B/L
Zotch Notch 1st Ray Channel: L R B/L
REINFORCE ARCH: L R B/L; Standard Low Bulk

POSTING
REARFOOT POSTING: Delete Post (0° Lab Std.) Intrinsic (0° Lab Std.) Half Post (0° Lab Std.) Extrinsic (0° Lab Std.)
 Heel Lift: Right Left Both
REARFOOT VALUES: Post To Lab Std. Above Post To Table Below
FOREFOOT POSTING: Intrinsic (Lab Std.) Extrinsic Post Method
 Corner Bar (1-5) Forefoot Post To Sulcus Include 1st MPJ
Propulsive Wedge Cutout
FOREFOOT VALUES: Post To Cast (Lab Std.) Post To Table Below

	LEFT FOOT			RIGHT FOOT		
	Varus	Vertical	Valgus	Varus	Vertical	Valgus
REARFOOT	o			o		
FOREFOOT	o			o		

ACCOMMODATIVE PADDING
PORON
 U-SHAPED HEEL PAD L R FIRM
 HEEL PAD L R MEDIAL CUT OUT
 HEEL SPUR HOLE L R
 MET PAD L R FIRM DISTAL IN SHELL
 MET BAR PAD L R FIRM
 DANCER'S PAD L R SOFT
 MORTON'S EXT L R
 REVERSE RIGID \$ UNDER DIGIT
 SCAPHOID PAD L R CUT OUT NAVICULAR (MARK IN CAST)
 NEUROMA PAD
 LEFT IS RIGHT IS

LENGTH



MEMOCELL THICKNESS
 1/16" 1/8" 3/16" Extension
 (" OverShell " Extension)

TOP COVER - (Vinyl Standard)
 Leather EVA Sport Cover
 Plastazote Cloth (Spenco Type)
 Antimicrobial Vinyl \$ Premium Leather \$
 Substitute All Padding to Poron \$
 Diabaguard/Osteoguard Protective Cover
 Memocell: Orthopedic open cell sponge with excellent shock-absorbing capacity

DISPERSIONS

Mark negative cast and diagram below:

PLANTAR ASPECT
 R MPJ L
 1
 2
 3
 4
 5

DISPERSION TYPE
 U Cut Out (lab std) Channel
 Negative Cut Out

DISPERSION DENSITY
 Firm (lab std) Soft

DISPERSION THICKNESS
 1/16 1/8 3/16 1/4

COMMENTS