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**PATIENT DATA**

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

Acct # Doctor:  Call to Discuss

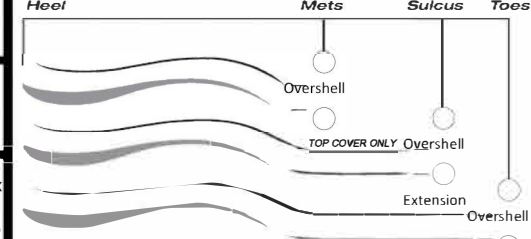
**SHOE DATA**

**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

**LENGTH**

**MEMOCELL OPTIONS**



**MEMOCELL THICKNESS**

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

**TOP COVER - (Vinyl Standard)**

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

**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

**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

**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

**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

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

**COMMENTS**