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PATIENT DATA

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

Acct # Doctor Name: 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:

ACTIVE Super Flex *VAC Flex *VAC Flex SL *VAC Flex SLX ETCH
 High Impact High Impact High Impact

FLEXIBLE FOOT TYPE Ortholen *VAC Fit** *VAC Interweave** *VAC
Pilot MILL 2.5mm (3/32") 3mm (1/8") 4mm (5/32") 5mm (3/16")
Flexible Rigid Substitute Carbon* High Impact
Flexible 1 2 3 Rigid Flexible 1 2 3 Rigid

PEDIATRICS Standard Medial Flange Ortholen *VAC Pedia MILL
 Deep Draw Lateral Clip Positive Stride *VAC
Gait Ext. To Cause: Toe In Toe Out

SHOE DEPENDENT Heeless ETCH Esprit MILL Gaitmax ETCH
Fashion Plate ETCH Women's Men's
 Women's Men's Sub Polypro Shell STD Flex Cleft TriPost™ ETCH
Shoe Size Sub Graphite Composite* Sub Fit Material* Sub Graphite Composite*

RIGID FOOT TYPE Form Flex Corrective ETCH Sub Firm White Post Sub Poly Rearfoot Post Sub Flexible Shell
Form Flex Accommodative *VAC Vac Sub PolyGel Composite* Plastazote Cellular Rubber EVA Mold Mill Soft Medium Firm
 Leather Works Mold** *VAC Korex EVA

WEIGHT DEPENDENT *VAC 3/32" (2.5mm) 1/8" (3.0mm) 5/32" (4.0mm) 3/16" (5.0mm)

SHELL MODIFICATIONS

HEEL CUP DEPTH mm 8 10 12 14 16 18
Low Medium Deep

SHELL WIDTH 5th MPJ Thru: 1st MPJ Bisect 1st 1st IS
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 Right _____"
LIFT: 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

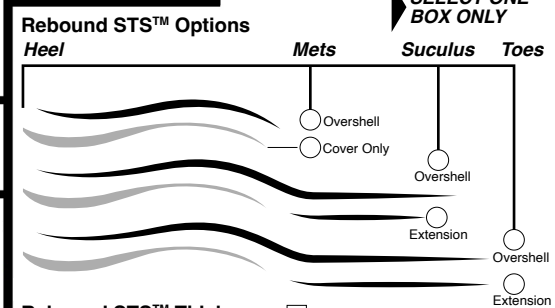
ACCOMMODATIVE PADDING

SUB 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

INVERT CAST	LEFT FOOT			RIGHT FOOT			
	L ___ R ___	Varus	Vertical	Valgus	Varus	Vertical	Valgus
REARFOOT		°		°		°	
FOREFOOT		°		°		°	

COMMENTS

LENGTH



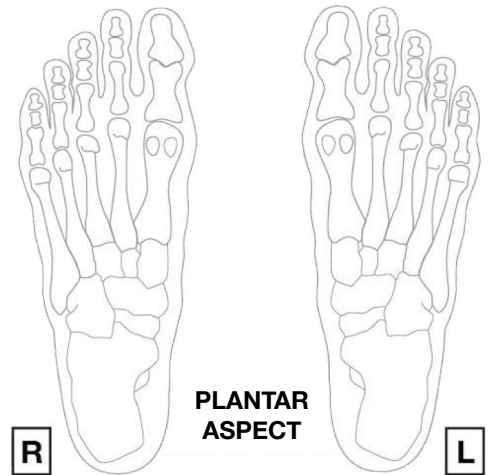
Rebound STS™ Thickness SUB PORON*
 1/16" 1/8" 3/16"
(_____ "overshell _____ "extension)

Top Cover - (Antimicrobial Vinyl Standard)
 Leather EVA Sport Cover
 Plastazote Cloth (Spenco Type)
 Perforated EVA* P - Cell*
 NST (Non-Skid Tip)

Rebound STS™: Orthopedic memory foam with excellent shock-absorbing capacity

DISPERSIONS

Mark Scan or Cast and Diagram Below (Scan: Use 1/4 Felt)



PLANTAR ASPECT

R MPJ L

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