

CUSTOM FOOT HEALTH CENTER
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SHELL	MID-LAYER	TOP COVER	ACCOMMODATIONS
POLYPROPYLENE <input type="checkbox"/>	PORON / PPT <input type="checkbox"/>	LEATHER <input type="checkbox"/>	STANDARD DEVICE <input type="checkbox"/>
SUBORTHOLENE <input type="checkbox"/>	PELITE <input type="checkbox"/>	NAUGAHYDE <input type="checkbox"/>	DRESS ORTHOTIC <input type="checkbox"/>
COLENE <input type="checkbox"/>	EVA <input type="checkbox"/>	EVA <input type="checkbox"/>	LATERAL CLIP <input type="checkbox"/>
CARBON FIBER <input type="checkbox"/>	Other: _____	PELITE <input type="checkbox"/>	DEEP HEEL CUP <input type="checkbox"/>
CORK <input type="checkbox"/>	MPJ <input type="checkbox"/>	PORON/PPT <input type="checkbox"/>	HIGH FLANGE <input type="checkbox"/>
NICKELPLAST <input type="checkbox"/>	SULCUS <input type="checkbox"/>	SPENCO <input type="checkbox"/>	UCBL <input type="checkbox"/>
PRO-XP <input type="checkbox"/>	FULL LENGTH <input type="checkbox"/>	PINK PLASTIZOTE <input type="checkbox"/>	MORTON'S EXT. <input type="checkbox"/>
XPE <input type="checkbox"/>	-----	Other : _____	GAIT PLATE <input type="checkbox"/>
EVA <input type="checkbox"/>	1/8" <input type="checkbox"/>	MPJ <input type="checkbox"/>	MET PADS <input type="checkbox"/>
Other: _____	1/16" <input type="checkbox"/>	SULCUS <input type="checkbox"/>	HEEL LIFT <input type="checkbox"/>
MPJ <input type="checkbox"/>	Other: _____	FULL LENGTH <input type="checkbox"/>	TPD WING <input type="checkbox"/>
SULCUS <input type="checkbox"/>		1/8" <input type="checkbox"/>	
FULL LENGTH <input type="checkbox"/>		1/16" <input type="checkbox"/>	

- SPORT MODEL:** Subortholene shell, 1/8" poron and naugahyde top cover
- CASUAL MODEL:** Polypropylene shell, 1/8" poron, EVA top cover
- ACCOMMODATIVE:** Nickelplast shell, 1/8" poron, EVA top cover

COMMENTS:



POSTING

RIGHT

LEFT

	<input type="checkbox"/> Lab Discretion (default)	<input type="checkbox"/> Extrinsic Only	<input type="checkbox"/> Intrinsic Only	<input type="checkbox"/> Combination	<input type="checkbox"/> Extrinsic Only	<input type="checkbox"/> Intrinsic Only	<input type="checkbox"/> Combination
Forefoot Post	_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus		_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
Forefoot Post to Sulcus	_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus		_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
Forefoot Tip Post	_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus		_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
Rearfoot Post	_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus		_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus
Rearfoot Skive	_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus		_____*	<input type="checkbox"/> Varus	<input type="checkbox"/> Valgus