CUSTOM FOOT HEALTH CENTER
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DR: _____ ADDRESS: _____ _____ PHONE: _____ DATE: _____	Patient : _____ _____ D/O/B: _____ Weight: _____	Shoe size: _____ Activities: _____ Male: O Female: O

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

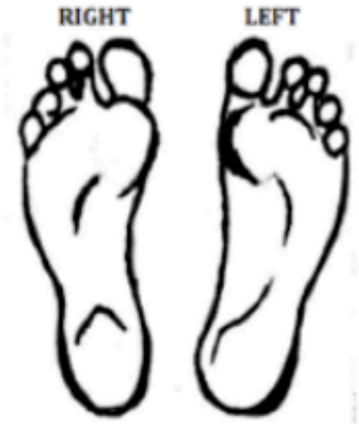
O ***SPORT MODEL: Subortholene shell , 1/8" poron and naugahyde top cover***

O ***CASUAL MODEL: Polypropylene shell, 1/8" poron, EVA top cover***

O ***ACCOMMODATIVE: Nickelplast shell, 1/8" poron, EVA top cover***

COMMENTS :

_____
_____
_____
_____
_____
_____
_____
_____



POSTING	***RIGHT***			***LEFT***		
☐ Lab Discretion (default)	☐ Extrinsic Only	☐ Intrinsic Only	☐ Combination	☐ Extrinsic Only	☐ Intrinsic Only	☐ Combination
Forefoot Post	____° ☐ Varus	☐ Valgus		____° ☐ Varus	☐ Valgus	
Forefoot Post to Sulcus	____° ☐ Varus	☐ Valgus		____° ☐ Varus	☐ Valgus	
Forefoot Tip Post	____° ☐ Varus	☐ Valgus		____° ☐ Varus	☐ Valgus	
Rearfoot Post	____° ☐ Varus	☐ Valgus		____° ☐ Varus	☐ Valgus	
Rearfoot Skive	____° ☐ Varus	☐ Valgus		____° ☐ Varus	☐ Valgus	