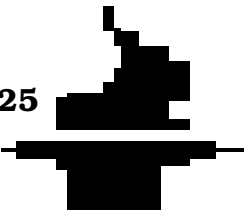


PROMET INC.

7920 12th AVENUE S.
BLOOMINGTON, MN 55425
(952) 814-0225 fax 0226
1-800-251-0377

DATE: _____



Dr. _____

ADDRESS _____

PHONE _____

PATIENT'S NAME _____

WEIGHT _____ AGE _____ SEX _____

ACTIVITIES: WORK _____ SPORT _____

SHOE SIZE _____ SHOE WIDTH _____

SHOES/HEEL HGT. _____

COMMENTS _____

POSITIVE CAST CORRECTION: ARCH FILL

No Fill Medium Fill Maximum Fill

SHAPE

Regular Narrow Wide Other _____

Regular Flange Low Flange High Flange

HEEL CUP

Regular Shallow Deep Flat Heel

SHELL

- 3 mm 4 5 _____
- MPJ Sulcus Full
- Subortholen
- Colylene _____ color
- Polypropylene
- Polydor
- Carbon Fiber _____ (flex)
- Cork Nickelplast
- ProXP XPE
- Other _____

MID LAYER

- MPJ Sulcus Full
- Forefoot Extension Only
- PPT/Poron 1/8"
- PPT/Poron 1/16"
- Pelite 1/8"
- Pelite 1/16"
- Other _____

TOP COVER

- MPJ Sulcus Full
- Pink Plastazote 1/8"
- Pink Plastazote 1/16"
- Spenco/Neoprene 1/8"
- Spenco/Neoprene 3/32"
- Naugahyde _____ color
- EVA _____ color
- Leather
- Other _____

- Metatarsal Pad (Right)
 - High Low
 - Soft Firm
- Metatarsal Pad (Left)
 - High Low
 - Soft Firm
- Toe Crest (Right)
- Toe Crest (Left)

ACCOMMODATIONS

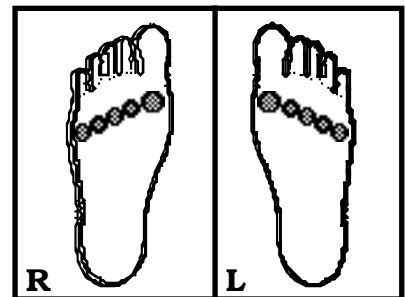
Cut Outs:

Please mark on cast
and on the diagram
at the right.

Hole in heel _____

First Ray _____

"P-Wing" TPD accommodation _____



POSTING MATERIAL

- Crepe Cork
- Poly Acrylic
- Other _____
- Heel Lift R _____ L _____

POSTING

Post
according
to cast

Forefoot

Rearfoot

	RIGHT	LEFT	POST
var	<input type="checkbox"/>	var <input type="checkbox"/>	intrinsic <input type="checkbox"/>
o	val <input type="checkbox"/>	o val <input type="checkbox"/>	extrinsic <input type="checkbox"/>
var	<input type="checkbox"/>	var <input type="checkbox"/>	intrinsic <input type="checkbox"/>
o	val <input type="checkbox"/>	o val <input type="checkbox"/>	extrinsic <input type="checkbox"/>