



MILE HIGH ORTHOTICS LAB

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Commerce City, Colorado 80022

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Lab to Call Doctor: []

Date: ___/___/___

Lab Received: ___/___/___

Patient Name:

[] M [] F

Shoe Size: ___ Weight: ___ Age: ___

Shoe Type: _____

Mile High #: _____

Symptoms/Diagnosis: _____

Clinic: _____

Clinician/Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

ELEVATION SERIES

5280 Functional:

[] 5280 Functional

5280 Athletic:

[] 5280 Athletic
[] 5280 Athletic Carbon

5280 Dress:

[] 5280 Dress
[] 5280 Dress Carbon
[] 5280 High Heel

5280 Diabetic

[] 5280 Diabetic
[] Medium
[] Soft

5280 Specialty Deviecs:

[] 5280 UCBL
[] 5280 Morton's Extension
[] 5280 Gait Plate
[] Promote In-toe
[] Promote Out-toe

Refurbishment:

[] Top Cover
[] Complete

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

SHELL MATERIAL

Acetal (Std.)

[] Flex
[] Semi-Rigid
[] Rigid

PRX Graphite

[] Semi-Rigid
[] Rigid
[] Ultra-Rigid

CAST & GRIND

Arch Height

[] Low
[] Medium
[] High
[] No Arch Fill (highest)

Flanges

[] Medial
[] Mild
[] Lateral
[] Mild
[] Heel Cup
[] Full Distal

Heel Cup

[] Shallow (10mm)
[] Regular (12mm)
[] Deep (16mm)
[] Other _____

Orthotic Width

[] Narrow
[] Normal
[] Wide/Athletic Cut

POSTING

Forefoot

[] No Post
[] Extrinsic
L ___ Varus/Valgus
R ___ Varus/Valgus

Rear Foot

[] No Post
[] Extrinsic
L ___ Varus/Valgus
R ___ Varus/Valgus
[] Heel Lift ___ mm
[] Left
[] Right
[] Kirby Skive ___ mm

COVERING

Top Cover Material

[] Vinyl
[] Leather
[] Diabetic
[] EVA
[] 2mm [] 3mm
[] Black
[] Blue
[] Black Swirl
[] Blue Swirl
[] Pink Swirl
[] Red/Blue Swirl
[] Pink/Blue/White Swirl
[] Neoprene
[] 2mm [] 3mm
[] Black
[] Blue

Top Cover Length

[] Shell Only
[] Sulcus
[] Full Length

Poron Padding Length

[] Forefoot Only
[] Entire Device

Poron Thickness

[] 2mm
[] 3mm

ACCOMMODATIONS

Met Pad

[] Left [] Right
[] 3mm (Standard)
[] 6mm

Met Pad Distal Placement

[] On Shell (Standard)
[] 2mm
[] 3mm
[] 5mm
[] Other _____

Arch Pad

[] Left [] Right

1st Ray Cut Out

[] Left [] Right
[] Cuneiform

Morton's Extension

[] Left [] Right
[] Reverse

Heel Spur Accommodation

[] Left [] Right

Met Bar

[] Left [] Right

Metatarsal

Left: Right:
[] 1 [] 1
[] 2 [] 2
[] 3 [] 3
[] 4 [] 4
[] 5 [] 5

Other Accommodations

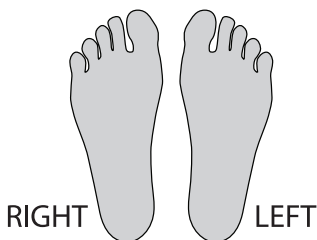
[] Heel Cushion
[] Hole In Heel
[] Horseshoe Pad

Arch Reinforcement

[] Corax [] Poron
[] EVA [] Crepe

Order Quantity: ___ Pair

Additional Comments:



Additional Items: QTY:

[] Order Forms: ___
[] Shipping Labels: ___
[] Shipping Boxes: ___
[] Foam Impression Boxes: ___