



Mile High TORCH Walker

FACILITY NAME: _____

Purchase Order # _____ Date: / / American Account # _____

SHIP ADDRESS:			BILL ADDRESS:		
City:	State:	Zip:	City:	State:	Zip:
Tel #	Fax #		Tel #	Fax #	
Contact:	Title:		Contact:	Title:	
<input checked="" type="checkbox"/> Fax Order Acknowledgment To The Shipping Address			<input type="checkbox"/> Fax Order Acknowledgment To The Billing Address		
<input type="checkbox"/> Fax Additional Acknowledgment To:			Title: _____ Fax # ()		

PATIENT NAME: _____ Male Female Weight: _____ Age: _____

Activity level: Non Ambulatory Low / transfer Medium High / active Occupation: _____

Currently Wearing Custom Shoes Company: _____ Height: _____ Information: _____

Rx / Diagnosis: _____

COLOR: BLACK DARK BROWN OTHER _____

CLOSURE: ALL LACES ALL VELCRO HOOKS
 TOTAL CONTACT STRAPS WITH AFO PADS _____
 (# OF PADS)

HEIGHT: 6" 10" 15" OTHER: _____
 (MEASURED FROM THE BASE OF THE HEEL TO THE TOP OF THE COLLAR)

TONGUE: INCLUDE REINFORCED ANTERIOR SHELL TONGUE ?
 YES NO

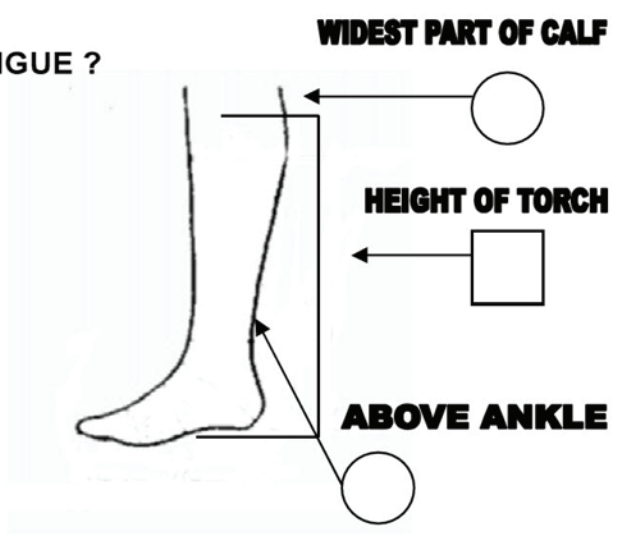
SOLING: INCLUDE S.A.C.H. HEEL AND ROCKER SOLE ?
 YES NO

INSERT: 1/4" PINK 1/8" PORON® 1/4" E.V.A.
 OTHER: _____

CAST MODIFICATIONS: NONE (AS CASTED)

CORRECT ANKLE TO 90 DEGREES: AP ML BOTH

FOREFOOT: CORRECT TO 90° AS CASTED
 EXTRA HIGH TOE BOX STANDARD TOE BOX HEIGHT
 EXTRA TOE ELONGATION STANDARD TOE ELONGATION
 DEPRESS AS MARKED





MILE HIGH
ORTHOTICS LAB

4970 Monaco St, Unit A, Commerce City, CO 80022
O: (303) 289-1534 | F: (303) 288-3687 | (866) 710-4880
MHOLABS.com

SPECIAL INSTRUCTIONS

WE WILL ACCOMMODATE ANY SPECIAL REQUEST AS CLOSELY AS POSSIBLE; JUST INDICATE SPECIAL MODIFICATION OR OPTION BELOW.

SHIP NEXT DAY UPS

SHIP SECOND DAY UPS

SHIP GROUND UPS

SEND __ CATALOGS

SEND __ ORDER FORMS

SEND __ UPS LABELS

CASTING INFORMATION FOR LAB USE ONLY

Cast Material	<input type="checkbox"/> Plaster	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Synthetic Sock		
Cast Information	<input type="checkbox"/> Duplicate Cast	<input type="checkbox"/> Shoe last	<input type="checkbox"/> Shoe to pour	<input type="checkbox"/> Caliper Plate Or Stirrup Included	
	<input type="checkbox"/> Casted over AFO	<input type="checkbox"/> AFO Included	<input type="checkbox"/> Metal Brace Included	<input type="checkbox"/> Duplicate shoe(s) Included	
Cast Style	<input type="checkbox"/> Wrap	<input type="checkbox"/> 2 Piece (bi-valve)	<input type="checkbox"/> Multiple Pieces	<input type="checkbox"/> Other	
Observation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Damaged	<input type="checkbox"/> Tight	<input type="checkbox"/> To Low	<input type="checkbox"/> Flimsy (too thin)
Cast Marks	<input type="checkbox"/> Outside Marks	<input type="checkbox"/> Outside Verticals	<input type="checkbox"/> Outside Information	<input type="checkbox"/> Inside Marks	
Position	<input type="checkbox"/> Neutral	<input type="checkbox"/> Plantar Flexed	<input type="checkbox"/> Dorsi Flexed	<input type="checkbox"/> Inverted	<input type="checkbox"/> Everted
	<input type="checkbox"/> Not enough weight	<input type="checkbox"/> Flat Plantar surface	<input type="checkbox"/> Used Cast Board	<input type="checkbox"/> Severe Deformity	
Other	<input type="checkbox"/> Tracings Included	<input type="checkbox"/> Included PF	<input type="checkbox"/> Inserts Included	<input type="checkbox"/> Soling Material Included	

OTHER INFORMATION FOR LAB USE ONLY

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