



4970 Monaco St, Unit A, Commerce City, CO 80022  
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Office Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Patient: \_\_\_\_\_ **ORTHOTIC RUSH**  
 Address: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ 24 hr in-house RUSH (\$35)   
 \_\_\_\_\_ Age: \_\_\_\_\_ 48 hr in-house RUSH (\$25)   
 \_\_\_\_\_ Weight: \_\_\_\_\_ **SHIPPING**  
 \_\_\_\_\_ Shoe Size: \_\_\_\_\_ NEXT DAY AIR (\$40)   
 Phone: \_\_\_\_\_ Shoe Type: \_\_\_\_\_ 2nd DAY (\$20)

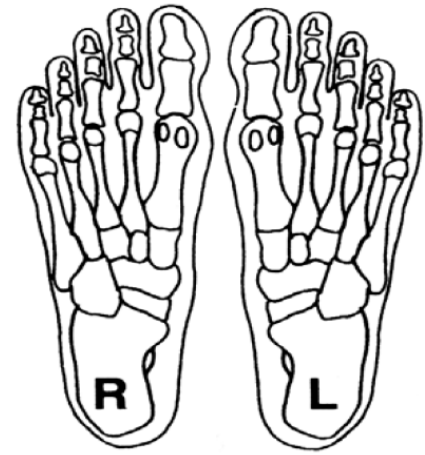
**ORTHOTIC TYPE**

- |   |  |   |   |
|---|--|---|---|
| <b>FUNCTIONAL</b>   | <b>DRESS</b>   | <b>ACCOMMODATIVE</b>  | <b>SPECIALTY</b>  |
| ____SF ____SR ____R<br>____ Poly Pro<br>____ Poly Pro Sport<br>____ Graphite<br>____ Thin Sport | ____SF ____SR ____R<br>____ Dress (m)<br>____ Dress (w)<br>____ Cobra<br>____ Graphite Dress<br>____ Thin Air<br>____ Leather Dress Slim | ____ Flex<br>____ Flex Trilam<br>____ Altitude<br>____ Trail Blazer<br>____ Outback<br>____ Thin n Tender<br>____ Cork<br>____ Cork & Leather | ____ Children's orthotic<br>____ Modified UCBL<br>____ Schaffer Plate<br>____ Milled Full Plate<br>____ Milled Morton's Ext |

- |                       |                |          |                 |                     |
|-----------------------|----------------|----------|-----------------|---------------------|
| <b>POSTING</b>        | <b>L</b>       | <b>R</b> | <b>GRINDING</b> | <b>PLASTER FILL</b> |
| REARFOOT<br>(Var/Val) | EXTRINSIC ____ | ____     | NARROW ____     | MINIMUM ____        |
| FOREFOOT<br>(Var/Val) | INTRINSIC ____ | ____     | NORMAL ____     | STANDARD ____       |
|                       | EXTRINSIC ____ | ____     | WIDE ____       | MAXIMUM ____        |
|                       | INTRINSIC ____ | ____     |                 |                     |
- \_\_\_\_ POST TO CAST

- |                        |  |
|------------------------|--|
| <b>TOPCOVER LENGTH</b> | <b>TOPCOVERS</b>                                   |
| ____ To Mets           | ____ SWIRL EVA (Black, Blue, Purple 1/8)           |
| ____ To Sulcus         | ____ MH Perf (Black or Red 1/8)                    |
| ____ Full Length       | ____ MH Sky (Black or Blue 1/16 or 1/8)            |
| ____ No Cover          | ____ P-Cell (plastazote replacement) (1/8 or 3/16) |
|                        | ____ Neoprene (Black or Blue 1/16 or 1/8)          |
|                        | ____ Naugahyde (Black, Teal, Tan, Red)             |

- Additions**
- \_\_\_\_ HEEL LIFT \_\_\_\_mm ..... L R
- \_\_\_\_ DEEP HEEL CUP ..... L R
- \_\_\_\_ HEEL PAD ..... L R
- \_\_\_\_ HEEL SPUR PAD ..... L R
- \_\_\_\_ DANCER'S PAD ..... L R
- \_\_\_\_ MEDIAL HEEL SKIVE \_\_\_\_mm ..... L R
- \_\_\_\_ METATARSAL PAD \_\_\_\_S \_\_\_\_M \_\_\_\_L ..... L R
- \_\_\_\_ METATARSAL BAR ..... L R
- \_\_\_\_ MORTON'S EXT ..... L R
- \_\_\_\_ REVERSE MORTON'S EXT ..... L R
- \_\_\_\_ FASCIAL GROOVE ..... L R
- \_\_\_\_ MEDIAL FLANGE ..... L R



\_\_\_\_ Accommodate as marked

Additional Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_