

Integrity

ORTHOTIC LABORATORIES inc

19113 63RD AVENUE NE
SUITE 4 ARLINGTON WA 98223

Toll Free: 1-866-678-4652
Phone: 360-435-0703
Fax: 360-435-2912



FOR LAB USE ONLY

INCLUDED WITH ORDER

neg casts _____ devices: R _____ L _____
pos casts _____ drawing/template _____
shoes _____ other _____
serial # _____ box # _____

received date: _____

account INFORMATION

account #: _____

account name: _____

practitioner: _____

address: _____

phone: (_____) _____

HELP RUSH 1 day RETURN
 call me 2 day CASTS
 Other _____

patient INFORMATION

name: _____

sex: M F age: _____ weight: _____

occupation/activity: _____

shoe size: _____

shoe heel height: _____ athletic casual

interior volume: high sport specific boot

low fashion (narrow) other

ORTHOTIC selection

select one: RIGID SEMI-RIGID SEMI-FLEXIBLE FLEXIBLE

sport DEVICES

- General Sport-polypro shell with crepe posting and vinyl top cover to mets. II
 - with extension or padded top cover III
 - with posting to sulcus and/or filler IV
- Pro Sport-sport specific designs for the high level or professional athlete.
 - Golf III Tennis/Racquetball IV
 - Basketball IV Sprinter IV
 - Soccer/Rugby III Marathoner IV
 - Runner s Mould III Other _____
 - Aerobic IV

accommodative DEVICES

- Polypro Mould-thin polypro shell. Your choice of filler: III
 - PPT® EVA Thermocork®
 - with 1/16 PPT® heel to toes and vinyl top cover
- Leather Mould-your choice of filler: III
 - PPT® EVA Thermocork®
 - Shell to: mets sulcus toes
 - Celastic reinforcement: heel heel/arch
- Diabetic Mould II
 - Type I: White Plastazote® shell with 1/8 flesh Plastazote® top cover to mets sulcus toes
 - Type II: White EVA shell with 3/16 PPT/flesh Plastazote top cover to mets sulcus toes
 - Type III: Black Plastazote® shell with 3/16 PPT® / Plastazote® top cover to mets sulcus toes

biomechanical DEVICES

- Unitized Biomechanical-polyolefin shell with one-piece I construction of RF posting and shell. No top cover
- Poly Biomechanical (casual fit)-polypro shell with III Thermocork® RF posting, 1/16 PPT® heel to toe and vinyl top cover
- Graphite Biomechanical-thin graphite composite shell III with crepe RF posting and vinyl top cover to mets
- Heel Pain-polypro shell with extra-deep heel seat, crepe III RF posting, 1/16 PPT® heel to mets, visco-filled heel punch and vinyl top cover
- UCBL-Subortholene shell to mets with crepe RF posting. III No top cover

fashion DEVICES

- Unitized Fashion-polypro shell with intrinsic RF II posting, 1/16 PPT® extension to sulcus, heel punch and vinyl top cover
- Poly Fashion-thin polypro shell. Your choice of filler: III
 - EVA Thermocork®
 - intrinsic RF posting, 1/16 PPT® extension to sulcus and vinyl top cover
- Graphite Fashion-thin graphite composite shell, IV intrinsic RF posting, 1/16 PPT® extension to sulcus, heel punch and vinyl top cover

supplies

send: BOXES RX FORMS BUSINESS REPLY LABELS AIRBORNE AIR BILLS

PATIENT findings

observations & COMPLAINTS

Location of Pain: Heel Plantar Fascia Lower Back

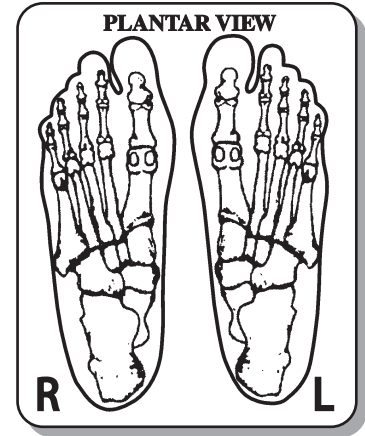
Digits: 1 2 3 4 5 Met Heads 1 2 3 4 5 Interspace 1 2 3 4 5

L R L R L R

Other: See Drawing _____

Pain Intensity: Mild Moderate Severe Callus Location: L _____ R _____

Limb Length Discrepancy: Shortage on L _____ R _____



history

Injuries & Treatments: _____ Accommodate as shown above

Previous Orthotic Devices: Yes No Success of Previous Devices: High Average Poor

measurements

	LEFT	RIGHT
Subtalar Inversion	_____	_____
Subtalar Eversion	_____	_____
Subtalar Neutral	_____	_____
Rested Calcaneal Stance	_____	_____
Forefoot - varus/valgus	_____	_____
Tibial Varum	_____	_____
Ankle Dorsiflexion	_____	_____
First Ray Position:	<input type="radio"/> Plantarflexed <input type="radio"/> Normal <input type="radio"/> Dorsiflexed	

range of motion

	LEFT	RIGHT
Arch Height Appearance		
High Arch	<input type="radio"/>	<input type="radio"/>
Med. Arch	<input type="radio"/>	<input type="radio"/>
Low Arch	<input type="radio"/>	<input type="radio"/>
Hallux Dorsiflexion		
Rigid	<input type="radio"/>	<input type="radio"/>
Semi-rigid	<input type="radio"/>	<input type="radio"/>
Normal	<input type="radio"/>	<input type="radio"/>

Call me Use lab evaluation

CUSTOM device DESIGN

postings

Post to values below

Forefoot - post to calcaneal (Intrinsic is standard)

post to calcaneal inversion °

	LEFT	RIGHT
<input type="radio"/> Intrinsic varus/valgus	_____	_____
<input type="radio"/> Extrinsic varus/valgus	_____	_____
<input type="radio"/> 1-5 Bar post	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 2-5 Bar post	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Tip post (not > 3°)	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Post to sulcus	<input type="radio"/>	<input type="radio"/>

Rearfoot

Extrinsic or Intrinsic

Left _____ Right _____

Heel lift L _____ R _____

top COVERING

Extensions - From distal end of shell to:

Sulcus Toes

1/16 1/8 3/16

PPT® Plastazote® Other _____

Top Padding - From the heel to:

Mets Sulcus Toes

1/16 1/8 3/16

PPT® Plastazote® Spenco®

PPT® / Plastazote® Other _____

Top & Special Coverings:

Mets Sulcus Toes

Glove Leather Vinyl

Suede Plastazote® Only

Other _____ Suede Bottom Cover

shell MODIFICATIONS

	L	R		L	R
<input type="radio"/> Deep Heel Seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Narrow Device	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 1st Ray Cutout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Widen Device	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Medial Flange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Reduce Bulk	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lateral Flange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fascial Groove	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Medial Heel Skive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Gait Extension	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lateral Clip	<input type="radio"/>	<input type="radio"/>	To promote:		
<input type="radio"/> Heel Punch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> in <input type="radio"/> out toeing		

Special Instructions: _____

	L	R		L	R
Kinetic Accelerator	<input type="radio"/>	<input type="radio"/>			
Heel spur pad	<input type="radio"/>	<input type="radio"/>			
Heel cushion	<input type="radio"/>	<input type="radio"/>			
2-4 Met pad	<input type="radio"/>	<input type="radio"/>			
Met bar pad	<input type="radio"/>	<input type="radio"/>			
Toe crest pad	<input type="radio"/>	<input type="radio"/>			
Neuroma pad	<input type="radio"/>	<input type="radio"/>			
specify interspace _____					
Cuboid pad	<input type="radio"/>	<input type="radio"/>			
Neuroma plug	<input type="radio"/>	<input type="radio"/>			
specify interspace _____					
Dancer's pad	<input type="radio"/>	<input type="radio"/>			
Scaphoid pad	<input type="radio"/>	<input type="radio"/>			
Morton's ext.	<input type="radio"/>	<input type="radio"/>			
Amputee	SEND SHOES				
Buttress pad	<input type="radio"/>	<input type="radio"/>			
<input type="radio"/> PPT Arch Reinforcement					