

Account No.: _____ Date: _____
 Purchase Order #: _____
 Business Name: _____
 Ordered By: _____
 Email: _____
 Phone: _____

Shipping Service: Ground Next Day 2nd Day
 Ship to Address: _____

 City _____ State _____ Zip _____

Patient Name (ID): _____ Order together with Mt. Emey shoes: Yes No
 Gender: Male Female Shoe Style (model #): _____ Color: _____
 Weight: _____ Height: _____ Size & Width: Bilateral _____ Left _____ Right _____

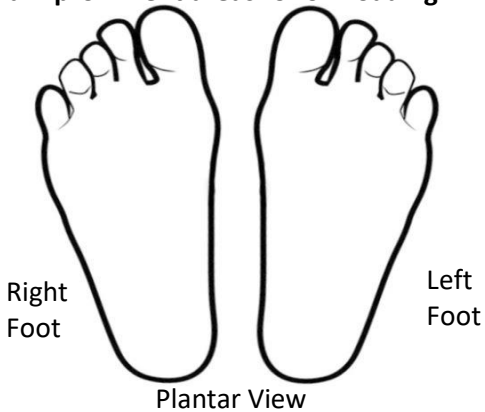
CUSTOM ORTHOTIC TYPE & QUANTITY

A5513 Qty: Both _____ or L _____ R _____
A5514 Qty: Both _____ or L _____ R _____
TOE FILLER Qty: Both _____ or L _____ R _____
FUNCTIONAL Qty: Both _____ or L _____ R _____

ACCOMMODATIONS (All Orthotic Types)

Met Pad: Left Right Bilateral
 Met Bar: Left Right Bilateral
 Arch Pad: Left Right Bilateral
 Medial Flange: Left Right Bilateral
 Lateral Flange: Left Right Bilateral
 Medial Post: Left _____ Right _____
 Lateral Post: Left _____ Right _____
 Off-Loading: Left Right Bilateral

Mark prominent areas for off-loading



TOE FILLER / TMA

Select missing digit(s) or TMA
 Left: 1 2 3 4 5 TMA
 Right: 1 2 3 4 5 TMA

MATERIAL SPECIFICATIONS (A5514, A5513, L5000)

Tri-laminate Inserts: Plastazote® + PPT + EVA
 Top Cover: Plastazote® Spenco Leather
 Optional Base: EVA Thermocork Cork
 Base Density: Soft Medium Hard
 Heel Cup: Flat Medium Deep
(If left incomplete, lab standard is tri-lam with Plastazote® + PPT + EVA base, medium base density, and medium heel cup)

FUNCTIONAL ORTHOTICS

CASTING INSTRUCTIONS
 L R Don't Lower Lateral Arch
 L R Raise Lateral Arch
 L R Medial Heel Skive
 L R Plantar Fascial Groove

POSTING
 Post to Lab Evaluation
 No Post, neutral shell

Rearfoot
 Intrinsic: L _____ R _____
 Extrinsic: L _____ R _____
 Heel Lift: L _____ R _____

Forefoot
 Intrinsic: L _____ R _____
 Extrinsic: L _____ R _____

Top Cover Material
 Vinyl Leather Neoprene
 PPT Plastazote EVA

Top Cover Length
 Shell Web Full

SHELL MATERIAL
 3mm Polypro 4.5mm Polypro
 Carbon Fiber EVA - Soft
 EVA - Medium EVA - Firm

SHELL MODIFICATIONS
 L R Deep heel Seat
 L R 1st Ray Cutout
 L R 5th Ray Cutout
 L R Widen Orthotic
 L R Narrow Orthotic
 L R Heel Punch
 L R Rigid Morton's
 L R Morton Extension

ACCOMMODATIONS
 L R Met Pad
 L R Met Bar
 L R Arch Pad
 L R Medial Flange
 L R Lateral Flange

(If left incomplete, lab standard is 3mm polypropylene shell, PPT, vinyl top cover, lower 1/16" lateral arch, post to lab evaluation)

SPECIAL INSTRUCTIONS

**In compliance with Federal guideline, for any custom inserts reorders, please submit a new foam impression, casts, or foot scan.
 Custom products are not refundable but we will remake at no additional charge.