CLINIC INFORMATION							☐ Sepa	arate Invoice	OFFICE USE O	NLY		
Clinic Name Practitione Address:								n Order 5 Days (\$25)	DatePI	aster □	Scan 🗆	
PATIENT INFORMATION						ORTHOTIC TYPE						
Patient Na Age:	me: Weight:	Sh	oe Size:			TANDARD	-	Imm □ 2 mm				
Gender: [] М 💮	F				8 " Ultrahyd OLYPRO	le topcover; S	tandard flex shell wit 2 mm	,	vinyl underla	y.	
TOP COVER OPTIONS ☐ Ultra Hyde Only ☐ 1/8" ☐ 1/16" Profile: ☐ Sulcus						Poly shell 1/8 ultra hyde top: vinyl underlay; ideal for plantar fasciitis cases						
☐ Vinyl Only ☐ 1/8" ☐ 1/16" ☐ Full ☐ Full						SPORT □ 1 mm □ 2 mm □ 3 mm						
☐ Microc	ell Puff 🔲 blk 🔲 pink			□ 3/4	Sp	ort flex she	ell with red pro	oform arch fill 1/8 ETC	Ctop			
☐ purple swirl ☐ blue swirl ☐ yellow swirl ☐ 1/8" ☐ Soft Leather ☐ Diabetic Top (Add \$10) ☐ Spenco ☐ 1/16"						TURBO SPORTS						
ORTHOT	IC MODIFICATIONS			<u> </u>								
	☐ Metatarsal Pad	□L □5mm	□R □3mm	□ 1.5mm		☐ Turl	bo Court	☐ Turbo So	occer 🗆	Turbo Skat	e	
C	☐ Heel Spur Pad	□L	□R									
() A	☐ Heel Cushion	□ L □ 1 mm	□ R □ 2 mm	□ 3 mm		□ Turl	bo Golf	☐ Turbo Cy	veling \Box	Turbo Run		
	☐ Heel Lift	□L mm	□R mm	Removable Attached	DI	RESS		1 mm 🗖 2 mm	3	Turbo num		
3	☐ Morton's Ext	□L □ □ □ □ □ □	□R □ firm	المناسنة				nderlay; 1/16 ultra h	yde top			
<u></u>	☐ To IPJ ☐ End of Toe☐ ☐ Reverse Morton's Ext	L	□R	rigid		CCOMMO		□ ch fill, full length dial	petic topcover, vin	yl		
	☐ Arch Fill	□ 2 mm	□3 mm			nderlay. Exti REMIER E		vear recommended. 3 mm				
	☐ Arch Strip	□soft	□ med □ R	hard				rch fill, deep heel cu	o, vinyl underlay. M	Nicrocell Puff	topcover	
	☐ Kinetic Wedge			☐ Hard ☐ Soft		/A		LENGTH	FULL LENGTH		L	
			□ 3 mm			LIM SOFT		ngth 1/8" ultrahyde t	opcover,viriyi und	enay.		
	— E	□ Varus □ Left o □ Right o			1 r	1 mm Poly shell with 1/8" poron arch fill; low heel cup; full diabetic topcover						
	☐ Intrinsic	□ Valgus □ □ firm □		□ Righto □ Dual density	SA	ANDAL/C	LOG ORTHO	OTIC				
	☐ Fore Foot Post	□ Varus □		Right 0		mm Poly sh movable Li		35 dur EVA liner with	shallow heel; low	arch profile,	Full	
	☐ Extrinsic☐ Intrinsic	□ Valgus □	Lefto	□ Righto	re		lack top	□ brown top				
	☐ 1st Ray Cutout	□L	□R		ВІ	RKENST	OCK ORTHO	OTIC (Non-exchar	ngeable / returna	able)		
	☐ 1st Met Cutout	□L	□R		Bu	uilt in ortho	Built in Ort	hotic Ort ensities, No plastic sl	hotic Separate nell	(please spe	cify)	
	☐ Heel Cup ☐ Flat	□mild	□ modera	ate deep		CBL eep heel; m		☐ 2 mm ☐ and coloured puff to				
O DAY	☐ Heel Hole	□L □1"	□R	Поп	SL	LIM DRES	s □ 1	mm 🛭 2 mi	m 🛭 3 mn	n		
	□ PMP Pad		□1.5"	□ 2" □ Sulcus □ End of Toes		Slim narrow grind shell, suede top with 1mm nyplex underlay, full length. For non-removable liner shoes.						
	☐ Toe Crest			LIE Elid Of Toes		*If no selection is made, default is Standard with 1/8" Ultrahyde and 1mm underlay. Total # of Orthotics Ordered:Total # of Shoes Ordered:						
	☐ Flange/Flare	□L	□R			OOTWEA		Orderedr	Otal # 01 51106	.s Ordere		
		□Medial	□ Lateral	☐ Hard ☐ Soft			ke:					
	☐ Heel Skive ☐ Med	□L ial □Lateral	□R 1 □ 2mm □	4mm □6mm		-	del:					
P	☐ Neuroma Pad	□ L □ 2-3	□ R □ 3-4	□ 4-5		Siz	e/Width:			□ With 0	<u>Orthotic</u>	
GAIT PLA	ATE .					Ma	ke:					
	☐ Induce in toeing				'	Mo	del:					
() S		~			'	Siz	e/Width:			□ With 0	<u>Orthotic</u>	
□ Induce out toeing						Ma	ke:					
ADDITIONAL INSTRUCTIONS						Model:						
$\mathcal{L}_{\mathcal{M}}$						Size/Width: With Orthotic						
					COI	MPRESSIC	ON SOCKS C	RDER				
R	Ĺ					Make	Model	Compression	Description	Sizes: s, M, L, XL	Qty:	
					Jia	ni	MK0058	20-30 mmHg	Black			
					Jia	ni	MK0058	20-30 mmHg	Black / Ora			
					Jia	ni	MK0058	20-30 mmHg	Navy / Blu			

MK0058

MK0058

JG - 360

20-30 mmHg

20-30 mmHg

20-30 mmHg

Blu / Grey

Blu / White / Yel

White

Jiani

FootNurse