

Levy & Rappel

Custom Orthotics Since 1930
339 10th St., Saddle Brook, NJ 07663

Custom Orthoses Order Form

Phone: 800-564-5389 Fax 973-478-1760 www.levyandrappel.com

Bill To: _____

Ship To: _____

Ordering Information:

PO # _____
Contact: _____
Phone # _____ Ext _____

Ordering

Pair _____
 Left Only _____
 Right Only _____

Quantity

Delivery Instructions:

STD (5 in-house business days)
 RUSH - Needed by: ___/___/___
 Return Positive Casts (\$6.00)

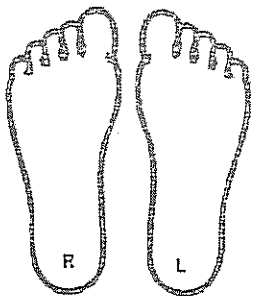
Patient Info: Name: _____ Gender: _____ Age: _____ Weight (lbs) _____ Height (inches) _____

Shoe Size (Required) _____ Shoe Style _____ Shoes Enclosed Insoles Enclosed Tracing Enclosed

Main Complaint _____ Diagnosis _____

Casting Method: Non-Weight Bearing Semi-Weight Bearing Full-Weight Bearing

Cast Type: Foamart® Foam Slipper Positive Cast

DIABETIC / PROSTHESIS DEVICES	CLASSIC LEATHER	PRO-WALKER / BIO-SPORT DESIGNS
<input type="checkbox"/> M.D. I EVA, S.T.S.®, Plastazote® <input type="checkbox"/> M.D. II Thermocork® Lite, S.T.S.®, Plastazote® <input type="checkbox"/> M.D. III Rigid Plastazote®, S.T.S.®, Plastazote® <input type="checkbox"/> A5513 - 3 Pairs 35 Durometer EVA / Pink Plastazote <input type="checkbox"/> Toe Prosthesis <input type="checkbox"/> Transmet Prosthesis	<input type="checkbox"/> Levy™ Leather Balancer <input type="checkbox"/> Levy™ Leather Shaffer <input type="checkbox"/> Levy™ Leather Dressthotic <input type="checkbox"/> Levy™ Leather Met-Thotic	<input type="checkbox"/> Pro-Walker Bio-Step <input type="checkbox"/> Pro-Walker Perfect Step <input type="checkbox"/> Bio-Sport Plush <input type="checkbox"/> Bio-Sport Ortholens <input type="checkbox"/> Bio-Sport Graphite
ACCOMMODATIVE STYLES	SPECIALTY STYLES	FUNCTIONAL STYLES
<input type="checkbox"/> EVA Mold <input type="checkbox"/> Plasta-Mold (Black - Rigid) <input type="checkbox"/> Cork Mold <input type="checkbox"/> Plasta-Mold (White- Firm)	<input type="checkbox"/> U.C.B.L. <input type="checkbox"/> Gait Plate <input type="checkbox"/> Whitman <input type="checkbox"/> Full Toe Plate	<input type="checkbox"/> Ortholen II Shaffer <input type="checkbox"/> Carboplast Shaffer
POSTING	MATERIAL	SHELL SPECIFICATIONS
<input type="checkbox"/> No Post <input type="checkbox"/> Post According to Cast (Neutral) <input type="checkbox"/> Post as Below: Rearfoot: <input type="checkbox"/> Right _____° <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Left _____° <input type="checkbox"/> Medial <input type="checkbox"/> Lateral Forefoot: <input type="checkbox"/> Right _____° <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Left _____° <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	Ortholen II: <input type="checkbox"/> 2 mm <input type="checkbox"/> 3 mm <input type="checkbox"/> 4 mm <input type="checkbox"/> 5 mm Carboplast: <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Plastazote <input type="checkbox"/> Firm White <input type="checkbox"/> Rigid Black <input type="checkbox"/> EVA <input type="checkbox"/> Leather <input type="checkbox"/> Cork <input type="checkbox"/> Other _____	Length: <input type="checkbox"/> Met Heads <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Flange Height: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Arch Height: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Heel Cup: _____ Arch Fill: <input type="checkbox"/> Shallow 6mm <input type="checkbox"/> Cork <input type="checkbox"/> Rubber <input type="checkbox"/> _____ <input type="checkbox"/> Std 10mm <input type="checkbox"/> Steel Springs Qty: _____ <input type="checkbox"/> Deep 14mm <input type="checkbox"/> Full Steel Shank
ADDITIONS / EXTENSIONS		TOP COVER
<input type="checkbox"/> Metatarsal Raise <input type="checkbox"/> Pad <input type="checkbox"/> Bar <input type="checkbox"/> Dancer's Pad <input type="checkbox"/> Low 1/8" <input type="checkbox"/> Medium 3/16" <input type="checkbox"/> High 1/4" <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Cut Outs <input type="checkbox"/> R <input type="checkbox"/> L (mark on cast or form) <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Spur <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Donut <input type="checkbox"/> U-shape <input type="checkbox"/> with Gel Fill <input type="checkbox"/> Heel Pad <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Rubber <input type="checkbox"/> Gel <input type="checkbox"/> _____ <input type="checkbox"/> Morton Extension <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> To end of Toe <input type="checkbox"/> Heel Raise <input type="checkbox"/> R _____ <input type="checkbox"/> L _____ <input type="checkbox"/> Toe Crests <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bunion Flange <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cuboid Raise <input type="checkbox"/> R <input type="checkbox"/> L		Length: <input type="checkbox"/> Orthoses Only <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Material: <input type="checkbox"/> Leather <input type="checkbox"/> Plastazote <input type="checkbox"/> _____ <input type="checkbox"/> STS / PPT <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> _____ <input type="checkbox"/> Anti-Shox <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Tan <input type="checkbox"/> Black
	SPECIAL INSTRUCTIONS	SUPPLIES
	_____ _____ _____ _____	<input type="checkbox"/> Order Forms (10) <input type="checkbox"/> UPS Labels (10) <input type="checkbox"/> Parcel Post Labels <input type="checkbox"/> _____