

Ordering  Pair  left only  right only  
 QTY \_\_\_\_\_

**BILL TO:**

Account Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Casting Contact: \_\_\_\_\_

**SHIP TO:** Same As Billing Address

Account Name: \_\_\_\_\_ PO Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**PRIORITY EXPEDITED SERVICES:** (Guaranteed Manufacturing Time)

Return Positive Casts  Same Day Service  One Day Service  Two Day Service  Three Day Service  
 (Additional charge \$200.00) (Additional charge \$100.00) (Additional charge \$75.00) (Additional charge \$50.00)

**PATIENT INFO:** Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ 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:  Levy<sup>®</sup> Foam  Foam  Slipper  Positive Cast  Scan  Reorder

**Levy & Rappel Styles**

(L & R styles are made standard unless noted)

**DIABETIC / PROSTHESIS DEVICES**  
 M.D. I – EVA, S.T.S.<sup>®</sup>, Plastazote<sup>®</sup>  
 M.D. II – Thermocork<sup>®</sup> Lite, S.T.S.<sup>®</sup>, Plastazote<sup>®</sup>  
 M.D. III – Rigid Plastazote<sup>®</sup>, S.T.S.<sup>®</sup>, Plastazote<sup>®</sup>  
 Toe Prosthesis  Transmet Prosthesis

**CLASSIC LEATHER**  
 Levy<sup>®</sup> Leather Balancer  
 Levy<sup>®</sup> Leather Shaffer  
 Levy<sup>®</sup> Leather Dressthotic

**PRO WALKER/ BIO-STEP**  
 Pro Walker Bio-Step (Poly-Pro)  
 Pro Walker Perfect Step  
 Bio-Sport Ortholens  
 Bio-Sport Graphite  
 Bio-Sport Plush

**Specifications & Build Your Own Device**

**ACCOMMODATIVE STYLES**  
 EVA Mold  Plasta-Mold (Black - Rigid)  
 Cork Mold  Plasta-Mold (White-Firm)

**SPECIALTY STYLES (Select MTL)**  
 U.C.B.L.  Gait Plate  Dressthotic  
 Whitman  Full Toe Plate

**FUNCTIONAL STYLES**  
 Ortholen II Shaffer  
 Carboplast Shaffer

**HEEL CUP**  
 Shallow 6mm  
 Standard 10mm  
 Deep 14mm  
 \_\_\_\_\_ mm

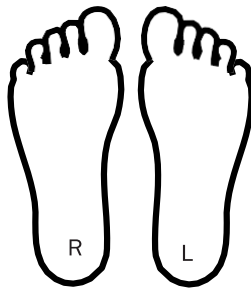
**SHELL SPECIFICATIONS:**  
 Length:  Met  Sulcus  Full  
 Flange Height:  Low  Med  High  
 Arch Height:  Low  Med  High

**SHELL MATERIAL:**  
 Ortholen II:  2mm  3mm  
 4mm  5mm  
 Polypro:  1/16  1/8  3/16  
 Carboplast:  Semi-rigid  Rigid  
 Plastazote:  Firm White  Rigid Black  
 EVA  Leather  
 Cork  Other: \_\_\_\_\_

**POSTING**  
 Rearfoot:  Extrinsic  Intrinsic  
 No Post  Post According to Cast (Neutral)  
 Post as Below:  
 Rearfoot:  Right \_\_\_\_\_°  Varus  Valgus  
 Left \_\_\_\_\_°  Varus  Valgus  
 Forefoot:  Right \_\_\_\_\_°  Varus  Valgus  
 Left \_\_\_\_\_°  Varus  Valgus

**ADDITIONS/MODIFICATIONS**

Metatarsal Raise  R  L  
 Pad  1/8"  Soft (PPT)  
 Bar  3/16"  Firm  
 Dancer's Pad  1/4"  
 Cut Outs  Punch  R  L  
 (Mid-Layer) (Shell Removed) (please mark on cast or form)  
 Scaphoid Pad  R  L  
 Heel Pad  R  L  
 Gel  PPT  
 Heel Spur  R  L  
 Donut  U-Shaped  Heel Punch  
 (Shell removed)  
 Morton's Ext.  R  L  
 Soft  Firm  Other: \_\_\_\_\_  
 Heel Lift  R \_\_\_\_\_  L \_\_\_\_\_



**SUPPLIES**  
 Order Forms (10)  
 Catalog  
 Mailing Labels

**MID-LAYER/TOP COVER**

**Padding/Mid-Layer:**  1/16  1/8  
 Length:  Met(Shell Only)  Sulcus  Toes  Met-Toes  
 Material:  STS/PPT  Other: \_\_\_\_\_  
**Top Cover:**  
 Non-Padded: Vinyl:  Black  Tan Leather:  Brown  Black  
 Padded:  1/16  1/8  
 Anti-Shock:  Blue  Black  Plastazote  
 Eva:  Blue  Blue Swirl  X-Static  
 Other: \_\_\_\_\_  
 Length:  Met(Shell Only)  Sulcus  Full Length

**SPECIAL INSTRUCTIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_