

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: _____

Return Positive Casts

PRIORITY EXPEDITED SERVICES: (Guaranteed Manufacturing Time - See website for details)

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[®] 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.[®], Plastazote[®]
 M.D. II – Thermocork[®] Lite, S.T.S.[®], Plastazote[®]
 M.D. III – Rigid Plastazote[®], S.T.S.[®], Plastazote[®]
 Toe Prosthesis Transmet Prosthesis

CLASSIC LEATHER

Levy[®] Leather Balancer
 Levy[®] Leather Shaffer
 Levy[®] 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: Medial Lateral Both
 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)
 Right Left

Rearfoot: Medial Medial
 Lateral Lateral
 Forefoot: Medial Medial
 Lateral Lateral

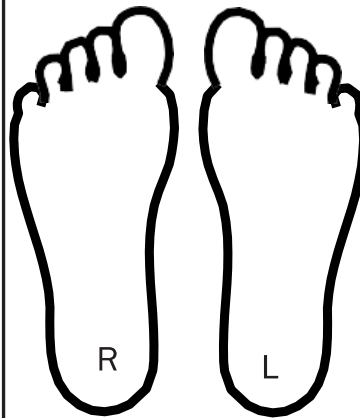
Arch Fill: Low Med High
 Cork Rubber Other: _____

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
 Morton's Ext. R L To End of Toes
 Soft Firm Other: _____
 Heel Lift R _____ L _____ Tapered to Mets
 Heel Spur R L
 Donut U-Shaped Drill & Fill (Shell removed)
 Fill With Gel PPT



MID-LAYER/TOP COVER

Padding/Mid-Layer: 1/16" 1/8"
 Length: Met(Shell Only) Sulcus Full 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: