

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 - See website for details)

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:  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**

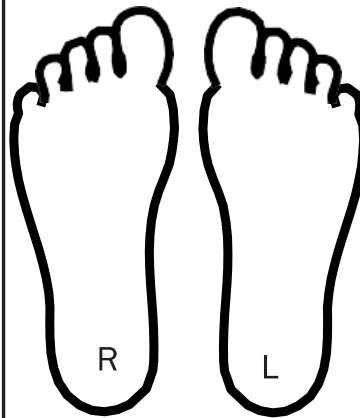
Rearfoot:  Extrinsic  Intrinsic  
 No Post  Post According to Cast (Neutral)  
 Right  Left  
Rearfoot:  Medial  Medial  
\_\_\_\_\_°  Lateral \_\_\_\_\_°  Lateral  
Forefoot:  Medial  Medial  
\_\_\_\_\_°  Lateral \_\_\_\_\_°  Lateral

**Arch Fill:**

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  
 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 filled with 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 Leather:  Brown  Black  
Padded:  1/16"  1/8"  
Anti-Shock:  Blue  Black  Plastazote  
Eva:  Blue  Blue Swirl  Black Swirl  
 Other: \_\_\_\_\_  
Length:  Met(Shell Only)  Sulcus  Full Length  
**SPECIAL INSTRUCTIONS:**