



orthotic lab, inc.
 14 Schiber Court
 Maryville, IL 62062
 PH: 618-208-4444
 FAX: 618-205-3461
 sales@nsolinc.com
 www.newsteporthotics.com

DIABETIC/MULTI-DENSITY ORDER FORM

Dr/Practitioner
 Name _____
 Facility Name _____
 And Address: _____

**DO NOT
 LEAVE BLANK**

PURCHASE ORDER #

- 2 Day Rush \$50
 3 Day Rush \$35

FOR OFFICE USE ONLY

Cast ID _____

Scanned

Name: _____

M F Age _____ Weight Lbs. _____ Brand _____

Style: Athletic Dress Casual Diabetic Size _____

Pairs of Orthotics **Other:** _____

Diagnosis _____

DIABETIC DEVICE

- Diabetic I Diabetic I Firm EVA Diabetic
 Cork Diabetic Diabetic II Full Cork Diabetic
 Firm Zote Diabetic Soft Zote Diabetic XPE Diabetic

ARCH FILL:

Standard Arch Fill Is 1/4"
 Full Arch Fill

Toe Filler* L 1 2 3 4 5 R 1 2 3 4 5

TMA* LT RT

*Toe Fillers & TMA's require impressions and shoes

- Morton's Carbon Plate LT RT
 Contoured Carbon Plate LT RT
 Flat Carbon Plate LT RT

Toe Filler Style

Custom Placement

Are Shoes Enclosed

Yes No

MULTI-DENSITY DEVICE

- Trilam Blue Trilam Pink
 Bi-Lam **Please chose arch fill

MULTI-DENSITY ARCH FILL**

- Cork BirkO cork XPE
 EVA Black Zote White Zote

Options: EFM THK

MODIFICATIONS & POSTING

- Heel Cups L R
 Low Medium Deep
 Metatarsal Pads/Raise L R
 S M L
 Metatarsal Bar L R
 S M L
 Heel Spur Cut-Outs w/PPT Fill L R
 Metatarsal Cut Out L R
 L 1 2 3 4 5 R 1 2 3 4 5
 Fill with PPT

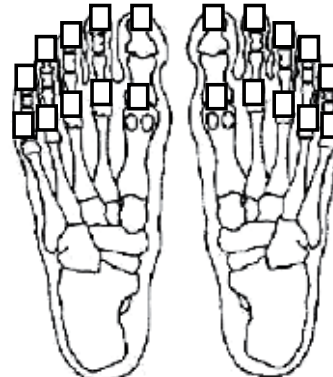
- Medial Flange L R
 Lateral Flange L R
 Heel Lift/Amount L _____ R _____
 Extra Cushion L R

POSTING

- Medial Heel Post L R
 Neutral Extend to 1st Full Length
 Lateral Post L R
 Neutral Extend to 5th Full Length

SPECIAL INSTRUCTIONS: _____

Mark impressions and order form for accommodations



BOTTOM VIEW

**NEW STEP WILL
 AUTOMATICALLY
 SEND THE PAIRS
 REQUESTED OR
 1 PAIR UNLESS
 OTHERWISE
 SPECIFIED.**

**THIS INCLUDES
 TOE FILLERS/TMA's.**