



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

FUNCTIONAL INSERT 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 _____

3D PRINTED SHELL

SPORT HIGH SUPPORT CASUAL DRESS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Pro Sport Flex | <input type="checkbox"/> Ultra Support | <input type="checkbox"/> Flex Sport | <input type="checkbox"/> Dress Pro Flex |
| <input type="checkbox"/> All Sport Flex | <input type="checkbox"/> UCBL | <input type="checkbox"/> Balance Sport | <input type="checkbox"/> Thin Dress Pro |
| <input type="checkbox"/> Ultra Thin Graphite | <input type="checkbox"/> Morton Extension | <input type="checkbox"/> Extra Flex | <input type="checkbox"/> Dress High Heel |
| <input type="checkbox"/> Standard Graphite | <input type="radio"/> Plastic <input type="radio"/> Graphite | <input type="checkbox"/> Soft Sport | |
| <input type="checkbox"/> Shock Absorber | | | |

**CHILDRENS
 ORTHOTICS**

- Gait Plate In-Toe
 Gait Plate Out-Toe
 Heel Stabilizer A
 Heel Stabilizer B
 Heel Stabilizer C

MODIFICATIONS:

- Heel Cups L R
 Low Medium Deep
 Metatarsal Pads/Raise L R
 S M L
 Distal Placement
 Metatarsal Bar L R
 S M L
 Neuroma Pad L R
 Heel Spur Cut-Outs L R
 Extra Cushion L R
 Heel Forefoot
 Cut Shell 1st MPJ L R
 Cut Shell 5th MPJ L R
 Metatarsal Cut Out L R
 L 1 2 3 4 5
 R 1 2 3 4 5
 Horseshoe Heel Pad L R
 Morton's Ext. (cork) L R
 Reverse Morton's Ext. L R
 Medial Flange L R
 Soft Hard
 Lateral Flange L R
 Planter Arch Fill L R
 Cork PPT Corex EVA
 Heel Lift/Amount _____ L _____ R

THE BASICS SR1 R2

SHELL WIDTH: NARROW MEDIUM
 WIDE WIDE ARCH DRESS TRIM

TOP COVER Call Lab for Custom Top Cover.

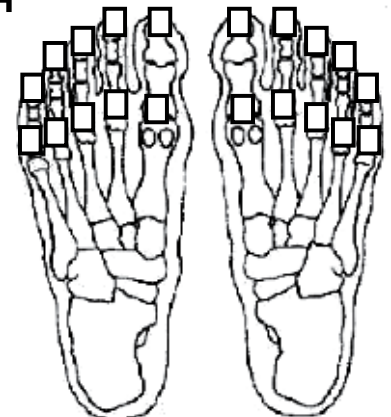
- LENGTH:** Shell^(1/2) Sulcus^(3/4) Toe (FULL)
 Vinyl only (no padding)
 Vinyl Full Foot 1/8" PPT
 1/8" Thermal Mold
 1/8" Spenco 1/16" PPT 1/8" PPT Padding
 1/16" Spenco 1/16" PPT 1/8" PPT Padding
 1/8" P-Cell + 1/16" PPT Padding
 Sweat Resistance with 1/16" PPT Padding
 Leather with 1/8" PPT Padding
 Suede + 1/8" Cushion

BOTTOM COVERS: EVA Vinyl None
 Fore Foot Only Full Foot

POSTING

- | | |
|---|---|
| FOREFOOT | REARFOOT |
| <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic | <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic |
| Left | Left |
| <input type="checkbox"/> Extend to Sulcus | |
| <input type="radio"/> Medial _____ | <input type="radio"/> Medial _____ |
| <input type="radio"/> Lateral _____ | <input type="radio"/> Lateral _____ |
| <input type="radio"/> Neutral _____ | <input type="radio"/> Neutral _____ |
| Right | Right |
| <input type="radio"/> Medial _____ | <input type="radio"/> Medial _____ |
| <input type="radio"/> Lateral _____ | <input type="radio"/> Lateral _____ |
| <input type="radio"/> Neutral _____ | <input type="radio"/> Neutral _____ |

SPECIAL INSTRUCTIONS:



BOTTOM VIEW

CAST MODIFICATIONS:

- As Cast Arch Arch
 Other

Mark impressions and order form for accommodations