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

Functional Insert Order Form

Date
Dr/Practitioner
Name
Facility Name
Phone
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 _____

SPORT

- ☐ Pro Sport Flex
- ☐ All Sport Flex
- ☐ Standard Graphite
- ☐ Shock Absorber

HIGH SUPPORT

- ☐ Ultra Support
- ☐ UCBL
- ☐ Morton Extension
  ○ Plastic ○ Graphite

Gaite Plate
- ☐ Induce In-Toe
- ☐ Induce Out-Toe

CASUAL

- ☐ Flex Sport
- ☐ Extra Flex

DRESS

- ☐ Dress Pro Flex
- ☐ Thin Dress Pro
- ☐ Dress High Heel

THE BASICS

- ☐ SR1 ☐ R2
- ☐ ***Plain Option***

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 ☐ EVA
- ☐ Heel Lift/Amount _____ L _____ R

Shell Width: ☐ Narrow ☐ Medium ☐ Wide ☐ Wide Arch ☐ Dress Trim

Top Cover Call Lab for Custom Top Cover.

LENGTH: ☐ Shell(½) ☐ Sulcus(¾) ☐ Toe (FULL)

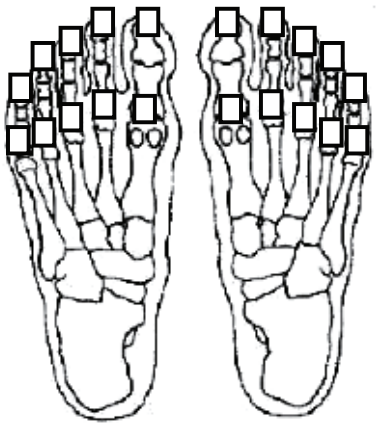
- ☐ Vinyl only (no padding)
- ☐ Vinyl + 1/8" PPT
- ☐ 1/8" Thermal Mold
- ☐ 1/8" Spenco
- ☐ 1/16" Spenco
- ☐ 1/8" P-Cell +1/16" PPT Padding
- ☐ Sweat Resistance with 1/16" PPT Padding
- ☐ Leather with 1/8" PPT Padding
- ☐ Suede + 1/8" Cushion

BOTTOM COVERS: ☐ EVA ☐ Vinyl ☐ None
○ Fore Foot Only ○ Full Foot

POSTING

FOREFOOT		REARFOOT	
☐ Intrinsic ☐ Extrinsic		☐ Intrinsic ☐ Extrinsic	
Left ☐ Extend to Sulcas		**Left**	
○ Medial	_____	○ Medial	_____
○ Lateral	_____	○ Lateral	_____
○ Neutral	_____	○ Neutral	_____
Right		**Right**	
○ Medial	_____	○ Medial	_____
○ Lateral	_____	○ Lateral	_____
○ Neutral	_____	○ Neutral	_____

Special Instructions:



BOTTOM VIEW

Mark impressions and order form for accommodations