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

Multi-Density 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 _____

Standard Styles

- ☐ Blue Trilam
- ☐ Pink Trilam
- ☐ Soft Sport
- ☐ Bilam

Select Styles

- ☐ Balance
- ☐ Firm Balance
- ☐ M N C

Arch Fill Options

☐ Cork (std) ☐ Xpe ☐ Birko Cork ☐ EVA

Arch Hardener Options

☐ EFM ☐ THK

Modifications & Posting

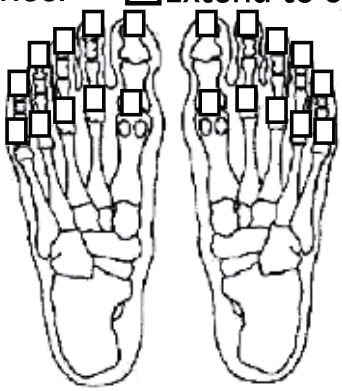
- ☐ Heel Cups ..... ☐ L ☐ R
  ☐ Low ☐ Medium ☐ Deep
- ☐ Metatarsal Pads/Raise ..... ☐ L ☐ R
  ☐ S ☐ M ☐ L
- ☐ Metatarsal Bar ..... ☐ L ☐ R
  ☐ S ☐ M ☐ L
- ☐ Heel Spur Cut-Outs w/PPT Fill ..... ☐ L ☐ R
- ☐ Metatarsal Cut Out ..... ☐ L ☐ R
  L ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 **R** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
  ☐ Fill with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

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

POSTING

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

Special Instructions:


BOTTOM VIEW

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

This includes Toe Fillers/TMA's.

Mark impressions and order form for accommodations