OVER THE COUNTER ORTHOSES
ORDER FORM

Print Your Account Information Below

ACCOUNT INFO

Acct # _____

Name _____

Address _____

Phone/Fax _____

Date: __ / __ / _____ **PO#:** _____

LAB USE ONLY ❑ PPD ❑ BF

L _____ R _____ ONLY_____

OE_____

PATIENT INFO

Please Print (all patient info is required)

First Name:_____ Last Name:_____ D.O.B.:___/___/___

Weight:_____ ☐ M ☐ F Shoe Size:_____ Shoe Style:_____

Shoes Provided: ☐ Yes ☐ No ☐

ORDER OPTIONS

(Additional Charges May Apply)

☐ RUSH Order ($35) ☐ Ship Overnight ($35) ☐ Ship to Patient ☐ International Shipping

SIGNATURE: *Physician Signature Required for Medicare Claims*

STEP ONE ORTHOTIC SIZE SELECTION

☐

CASUAL DRESS

⅛" POLYPROPYLENE SHELL

☐

3/4 LENGTH

⅛" POLYPROPYLENE SHELL

☐

FULL-LENGTH

⅛" POLYPROPYLENE SHELL,
CHOICE OF ⅛" COVER TO END OF TOES

STEP TWO POSTING OPTIONS

REARFOOT POSTING

☐ Omit RF posting

☐ Intrinsic ☐ Extrinsic

☐ 0°inverted/0°motion

☐ 4°inverted/4°motion

STEP THREE TOP COVER & EXTENSIONS

TOP COVER LAYER

☐ Personalized Top Cover (Existing top cover clients only)

☐ EVA ☐ Genuine Leather

☐ Naugahyde ☐ NeoStride

☐ NeoStride Silver

TOP COVER LENGTH

☐ Cover to End of Toes ☐ Cover to Sulcus

☐ Cover Orthoses Only

NOTES