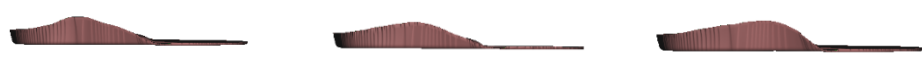


Patient:	Podiatrist Name:
Date:	Clinic:
Clinical Diagnosis:	Footwear (Make, Model, Size - US):

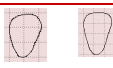

Forefoot Thickness: mm
(This does not include top cover)

Arch Contour High Point

Proximal Standard Distal



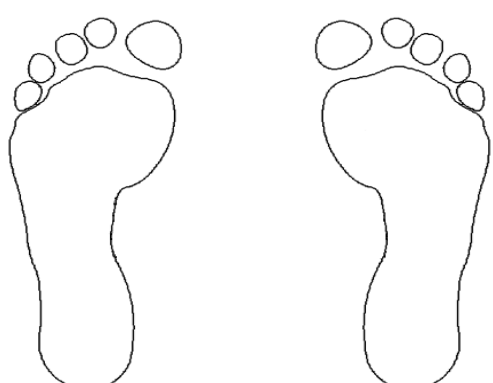
Arch Height <input type="text" value=""/>	Intrinsic Control <input type="text" value=""/>	BILATERAL		LEFT		RIGHT	
		Forefoot	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus
(If not selected, default is 100%)	Midfoot	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm
	Rearfoot	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	mm

Prescriptive Elements:	Left	Right
Met dome 	<input type="checkbox"/> Sml <input type="checkbox"/> Med <input type="checkbox"/> Lge Position – <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	<input type="checkbox"/> Sml <input type="checkbox"/> Med <input type="checkbox"/> Lge Position – <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Metatarsal bar 	<input type="checkbox"/> Sml <input type="checkbox"/> Med <input type="checkbox"/> Lge Position – <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	<input type="checkbox"/> Sml <input type="checkbox"/> Med <input type="checkbox"/> Lge Position – <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Kirby Skive	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Morton's Extension	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Reverse Morton's (2-5)	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
PMP	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Cuboid Notch	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Fascial Groove	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Heel Cup	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Midfoot pad	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Norm <input type="checkbox"/> High
Heel Raise	mm	mm
First Ray cut-out (NO PORON FILL)	mm	mm

Top Cover Material

EVA Density

Offloading fill locations:



Fill Material: Red Poron Blue Poron

Special Instructions:

Urgent: Yes