

Advantage

- Accommodation Function
- Unimold Diabetic
- Unimold Soft
- Unimold Medium
- Unimold Firm
- Biomold Soft
- Biomold Medium
- Biomold Semi Firm
- Biomold Firm
- Fashion
- Dress
- Multi
- Sport
- Other/Detail



OFFICE USE ONLY

Arrive ___ / ___ / ___

Completed ___ / ___ / ___

Shipped ___ / ___ / ___

Account Information

Acct. Name _____

Patient Information

Date _____

Name _____

Occupation _____

Age _____ Gender _____ Height _____ Weight _____ lbs _____

Shoe Style

- Pump
- Slip On
- Dress
- Casual
- Sport
- Boot

Shoe Size: _____

USE FOR ADDITIONAL INSTRUCTIONS

POSTING INSTRUCTIONS

- Post according to lab evaluation
- Calcaneal Vertical
- Neutral Shell (As Casted)
- Arch Aggressiveness -
- low medium high

Post to these values:

REARFOOT LEFT RIGHT

- Intrinsic ___°Varus/Valgus ___°Varus/Valgus
- Extrinsic ___°Varus/Valgus ___°Varus/Valgus

FOREFOOT LEFT RIGHT

- Intrinsic ___°Varus/Valgus ___°Varus/Valgus
- Extrinsic ___°Varus/Valgus ___°Varus/Valgus

Other _____

Forefoot Post to Sulcus: 1-5 MTP] 2-5 MTP]

Forefoot Tip Post

HEEL RAISE LT _____(mm) RT _____(mm)

SHELL MODIFICATIONS

- | | LEFT | RIGHT |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Shallow Heel Seat | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Deep Heel Seat | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lateral Clip | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lateral Flange | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High Medial Flange | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1st Met Cut Out | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 1st Ray Cut Out | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cut orthosis narrower | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cut orthosis wide | <input type="checkbox"/> | <input type="checkbox"/> |

TOP COVERS

(made to lab discretion unless specified)

Cover from heel to: Mets Sulcus Toes

THICKNESS: 1/16" 1/8"

MATERIALS

- Vinyl only
- Poron with vinyl
- Microcell puff
- Neoprene
- Plastazote
- Other _____
- Bottom cover (please detail): _____

ADDITIONAL EXTENSIONS

Metatarsal Heads to: Sulcus Toes

THICKNESS: 1/16" 1/8"

MATERIALS

- Poron
- Cushion cork
- EVA
- Other _____



- 2-4 Met Pad**
- left right
- both



- Neuroma Pad**
- left right
- both



- FHL Accomodation**
- left right
- both



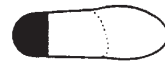
- Heel Spur Pad**
- left right
- both



- 2-5 Extension (1/16")**
- left right
- both



- Met Bar**
- left right
- both



- Heel Cushion**
- left right
- both



- Intrinsic Heel Cushion**
- left right
- both



- Scaphoid Pad**
- left right
- both



- Morton's Extension**
- left right
- both

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