



<b>OFFICE USE ONLY</b>	
Arrived	___ / ___ / ___
Completed	___ / ___ / ___
Shipped	___ / ___ / ___

**PRESCRIPTION ORDER FORM**

**Account Information**

Acct. Name \_\_\_\_\_

**Patient Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_

# 6P Exclusive





- Price
- Podiatrist/Chiropract Exclusive
- Priority Turn Around Time
- Professionally Accredited Lab
- Process ("True" 3 Dimensional)
- Polypropylene Shaffer Sport Style

## Shaffer Sport Design

3mm Polypropylene with Rearfoot Post/Stabilizer  
 3mm Full Length Neoprene Top Cover  
 0.5mm Durasole Bottom Cover

**Note:** Posting default is rear foot vertical

### Optional Changes or Additions

<b>ACCOMMODATIONS</b>	 <input type="checkbox"/> left <input type="checkbox"/> right	 <input type="checkbox"/> left <input type="checkbox"/> right
	 <input type="checkbox"/> left <input type="checkbox"/> right	 <input type="checkbox"/> left <input type="checkbox"/> right
<b>HEEL CUPS</b>	<input type="checkbox"/> Flat Heel Seat	<input type="checkbox"/> Shallow Heel Seat 4 mm
	<input type="checkbox"/> Standard Heel Seat 7 mm	<input type="checkbox"/> Deep Heel Seat 10 mm
<b>REARFOOT POSTING</b> Forefoot Intrinsically Posted and Balanced	<p style="text-align: center;"><b>Left</b></p> <p style="text-align: center;">0°, 1°, 2°, 3°,</p> <input type="checkbox"/> Varus <input type="checkbox"/> Valgus	<p style="text-align: center;"><b>Right</b></p> <p style="text-align: center;">0°, 1°, 2°, 3°,</p> <input type="checkbox"/> Varus <input type="checkbox"/> Valgus
<b>HEEL RAISE</b>	<p style="text-align: center;"><b>Left</b></p> <input type="checkbox"/> 1.25 mm <input type="checkbox"/> 2.5 mm	<p style="text-align: center;"><b>Right</b></p> <input type="checkbox"/> 1.25 mm <input type="checkbox"/> 2.5 mm

**biotech orthotic design inc.**

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