



6299 Guion Rd  
 Indianapolis, IN 46268  
 800-444-3632  
 800-233-2280 fax  
 www.alliedosilabs.com

**CUSTOM PLUS LINE ORDER FORM**

FOR LAB USE ONLY

- Shoes Enclosed     Biofoam     Positive Casts  
 Orthos Enclosed    RX # \_\_\_\_\_     Single     Left     Right  
 Accommodations as marked on casts L \_\_\_\_\_ R \_\_\_\_\_

Account # \_\_\_\_\_

*Please place your account label here or fill in information*

Account Name \_\_\_\_\_

Account Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Last First

New     Second pair off previous mold    RX # \_\_\_\_\_

*Please attach a separate order form for each pair*

Did you send shoes?    Y    N    *Shoe required for Turf Toe & Amputee Fill*  
 Ship to Patient (supply address & phone #)     Return Casts    Y    N

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

Adjustment     Refurbish     AOR Claim     Rush 3-day (in lab)

*\*Product standards will apply unless otherwise indicated*

**PRODUCTS**

**FUNCTIONAL**

*(\* indicates the product standard shell)*

Hybrid: Performance RX     Semi-Flex     Semi-Rigid\*     Rigid

Hybrid: Polypropylene     1/8"     3/16"\*

Hybrid: TL 2100     Semi-Rigid\*     Rigid

Hybrid: TL Silver     Semi-Rigid\*     Rigid

TPD Control: Polyethylene     2mm     3mm\*

**ACCOMMODATIVE**

Balance Lite     Balance Soft     Balance Support

Classic Leather

**DIABETIC**

Diabetic Soft     Diabetic Medium     Diabetic Firm

**DRESS**

Dress Class I     Dress Class II     Dress Class III

**ATHLETIC**

Walker     Supersport

**CHILDREN'S LINE**

Whitman Roberts     Reverse Roberts

Heel Stabilizer :     A     B     C     D     E

Gait Plate Inducing :     In Toe     Out Toe

Shell Color :     White\*     Blue     Red     Multicolor

*(show accoms below)*

*Additional Comments or Instructions*



Right    Left

**POSTING**

**FOREFOOT POSTING**

*(Post to cast is standard unless otherwise indicated)*

No Post     Intrinsic     Extrinsic     Triaxial (> 9 varus or 6 valgus)

Left: \_\_\_ Varus \_\_\_ Valgus    Right: \_\_\_ Varus \_\_\_ Valgus

**REARFOOT POSTING**

No Post     Mod Intrinsic     Extrinsic     Biaxial (> 6 degrees)

Left: \_\_\_ Varus \_\_\_ Valgus    Right: \_\_\_ Varus \_\_\_ Valgus

Pronation Skive \_\_\_ Deg     Kirby Skive \_\_\_ MM

**Additional Cast & Shell Modifications**

Forefoot Width :     Narrow     Regular     Wide

Arch Height :     Low     Medium\*     High     No Fill

16mm\* Deep Heel Cup     Medial Flange     Lateral Flange

Cut Out 1st MPJ in Shell     Cut Out 1st to Cuneiform in Shell

Intrinsic Shell Accom (as marked on cast)     Shaffer Medial Grind

Turf Toe    *(Shoe required for Turf Toe or Amputee Fill)*

**Additional Top Cover & Padding Options**

Top Cover Length :     Met     Sulcus     Full

Top Cover Type :     Nylene     Echoleather

EVA     Ultrasuede®

Soft Poron® Padding:     1/16"     1/8"

**Extras**

*(All accommodations are done bilaterally unless otherwise indicated)*

Methead Accoms L \_\_\_\_\_ R \_\_\_\_\_

Met Pad     Arch Pad     Morton's Ext.

Arch Reinforcements:     Corex     Poron®     Crepe

Horseshoe Heel Pad     Hole in Heel     Extra Heel Cushion

Heel Lifts:     1/8"     3/16"     1/4"     1/2" (maximum)

*(If requesting >1/2", additional material will be sent separately)*

*For Lab Use Only : Place RX Sticker Here*