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Please place your account label here or fill in information

Account #: _____

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*

CUSTOM ORTHOTIC 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: _____

Shoes enclosed with order? *Shoe required for Turf Toe & Amputee Fill*
 Ship to Patient (supply address & phone #) Return Casts

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

INTERMEDIATE

Balance Lite Balance Soft Balance Support
 Pedestrian

ACCOMMODATIVE

Diabetic Soft Diabetic Medium Diabetic Firm
 Classic Leather

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



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 (Motion) ___ degree Kirby Skive ___ mm

ADDITIONAL CAST & SHELL MODIFICATIONS

Forefoot Width: Narrow (hourglass shape) Regular Wide

Arch Height: Low Medium* High No Fill

Shaffer Grind: L R Old Style Shaffer Grind: L R

Medial Flange: L R Lateral Flange L R

Cut out 1st MPJ in shell Cut out 1st to Cuneiform in shell

Intrinsic Shell Accom (as marked on cast): L R

16mm* Deep Heel Cup: L R

Turf Toe out of shell material to the end of the hallux: L R

(Shoe required for Turf Toe or Amputee Fill)

ADDITIONAL TOP COVER & PADDING OPTIONS

Top Cover Length: Met Sulcus Full

Top Cover Type: Nylene Echoleather

(mark length above) EVA Ultrasuede®

Padding Length: Met Sulcus Full Forefoot Only

Soft Poron® Padding (mark length above): 1/16" 1/8"

EXTRAS

(All accommodations are done bilaterally unless otherwise indicated)

Met Head Accoms: L: _____ R: _____

Met Pad: L R Small Medium* Large (all 1/8" thickness)

Arch Pad L R Corex Morton's Extension to Sulcus: L R

Arch Reinforcements: Corex Poron® Crepe

Horseshoe Heel Pad Hole in Heel Extra Heel Cushion

Heel Lifts: L R 1/8" 3/16" 1/4" 1/2" (max)

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

For Lab Use Only

FORM 012218