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 (435)-251-8506
 Fax: (435) 251-8505
 www.fdmotion.com

Lab to Call Doctor: Date: _____
 Date Received in Lab: _____

**SPECIALTY
ORDER FORM**

Patient Name: _____
 M F
 Weight: _____
 Age: _____
 Activity Level: _____
Shoe Size: _____
 Shoe Type: _____
 Occupation: _____
 Symptoms/Diagnosis: _____

Printing Information:

Please place your pre-printed account labels here, or fill in the information
 Doctor's Name: _____
 Doctor's Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

SPECIALTY ORTHOTIC DEVICES: (Limited Accommodations Available)

GROSSMAN

These devices are made to lab standard

Grossman

FOOT ESSENTIALS

These devices are made to lab standard

Smart Support Smart Basic Smart Dress Control
 Smart Sport Smart Dress

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

Shell

1/8"
 3/16"

Padding

1/16" FF Only
 1/8" FF Only

Grind

Wide
 Narrow

Top Covers

Vinyl
 Leather
 EVA

Length

Met
 Sulcus
 Full

Morton's Extension

Left
 Right
 Reverse

Metatarsal Accommodations

Left: 1 2 3 4 5
 Right: 1 2 3 4 5

Met Pad

Left
 Right

Met Bar

Left
 Right

Arch Pad

Left
 Right

Horseshoe Pad

Left
 Right

Heel Cushion

Left
 Right

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

Shell Rigidity

Semi-Flex
 Semi-Rigid
 Rigid

Arch Height

Low
 Medium
 High
 No Arch Fill (highest)

Heel Cup

Shallow (10mm)
 Regular (12mm)
 Deep (16mm)
 Other _____

Grind

Wide
 Narrow

Top Covers

Full
 Sulcus
 Met
 1/8"
 1/16"

POSTING

Forefoot

Standard
 Intrinsic
 No Post
 Extrinsic
 L _____ Varus/Valgus
 R _____ Varus/Valgus

Rear Foot

Standard
 No Post
 Modified Intrinsic
 Extrinsic
 L _____ Varus/Valgus
 R _____ Varus/Valgus

Pronation Skive ____°
 Heel Lift ____ mm
 Left
 Right
 Kirby Skive ____ mm

ACCOMMODATIONS

1st Ray Cut Out

Left
 Right
 Cuneiform

Met Pad

Left
 Right

Horseshoe Pad

Left
 Right

Heel Cushion

Left
 Right

Morton's Extension

Left
 Right
 Reverse

Met Bar

Left
 Right

Arch Pad

Left
 Right

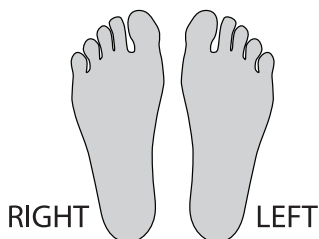
Hole In Heel

Left
 Right

Metatarsal Accommodations

Left: 1 2 3 4 5
 Right: 1 2 3 4 5

Additional Comments:



Additional Items: QTY:

Order Forms: _____
 Shipping Labels: _____
 Shipping Boxes: _____
 Foam Impression Boxes: _____