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 (435)-251-8506
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 www.fdmotion.com

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

STANDARD ORDER FORM

Patient Name: _____
 M F DOB: ____ \ ____ \ ____
 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: _____

STANDARD ORTHOTIC DEVICES:

Functional:

- FM Functional
- FM Integrated
- PT Controller

Athletic:

- Tri-Trainer
- Glider
- Ortho - Sport

Dress:

- Dress Elite
- Dress High-Heel
- Dress Graphite

Accommodative/Diabetic:

- Diabetic Medium
- Diabetic Soft
- Motion Soft
- Motion Support
- Motion Lite
- 3x Diabetic

Children's:

- UCBL
- Whitman Roberts
- Gait Plates
 - Induce In-toe
 - Induce Out-toe

Refurbishment:

- Top Cover
- Complete

Check Box to Enroll orthotic in Children's "Out-Grow" Program

ADDITIONAL ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

SHELL MATERIAL

- Performance RX (Std.)**
- Semi-Flex
 - Semi-Rigid
 - Rigid
 - Ultra-Rigid +Carbon

- PRX Graphite**
- Semi-Rigid
 - Rigid
 - Ultra-Rigid

- Polypropylene**
- 1/8"
 - 3/16"

- Nylon**
- Semi-Flex
 - Semi-Rigid
 - Rigid

- Other**
- Cork

CAST & GRIND

- Arch Height**
- Low
 - Medium
 - High
 - No Arch Fill (highest)

- Flanges**
- Medial
 - Mild
 - Lateral
 - Mild
 - Heel Cup
 - Full Distal

- Heel Cup**
- Shallow (10mm)
 - Regular (12mm)
 - Deep (16mm)
 - Other _____

- Orthotic Width**
- Narrow
 - Normal
 - Wide/Athletic Cut

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

COVERING

- Top Cover Material**
- EVA
 - Vinyl
 - Leather
 - Neoprene
 - Diabetic

- Top Cover Length**
- Shell Only
 - Sulcus
 - Full Length

- Poron Padding Length**
- Forefoot Only
 - Entire Device

- Poron Thickness**
- 1/8"
 - 1/16"

ACCOMMODATIONS

- Met Pad**
- Left Right
 - 3/16" (Standard)
 - 1/8"
 - 1/16"

- Met Bar**
- Left Right

- Arch Pad**
- Left Right

- 1st Ray Cut Out**
- Left Right
 - Cuneiform

- Morton's Extension**
- Left Right
 - Reverse

- Heel Spur Accommodation**
- Left Right

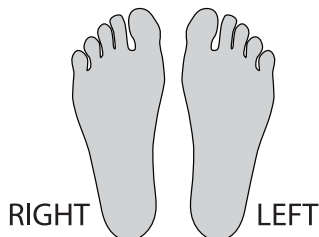
- Arch Reinforcement**
- Corax Poron
 - EVA Crepe

- Metatarsal**
- | | |
|----------------------------|----------------------------|
| Left: | Right: |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

- Other Accommodations**
- Heel Cushion
 - Hole In Heel
 - Horseshoe Pad

- Amputee Sponge Fill**
- Left Right

- Expedited Shipping \$21.00
- 1 Day Rush \$35.00
- 3 Day Rush \$21.00



Additional Comments:

Order Quantity: _____ Pair

- Additional Items: QTY:**
- Order Forms: _____
 - Shipping Labels: _____
 - Shipping Boxes: _____
 - Foam Impression Boxes: _____