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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
Market Price

1 Day Rush
\$60.00

3 Day Rush
\$35.00

Additional Comments: _____

Order Quantity: _____ **Pair**

Additional Items: _____ **QTY:** _____

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

