



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

STANDARD ORDER FORM

Patient Name: _____

Printing Information:

M F DOB: ____ \ ____ \ ____

Please fill in the information, or if you have an office label place it here

Doctor's Name: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Shoe Size: _____ Weight: _____ Age: _____

Activity Level: 0 1 2 3 4 5

Shoe Type: _____

Occupation: _____

Symptoms/Diagnosis: _____

914 S. 100 E. Washington, UT 84780

Phone: (800) 301-5835
 (435) 251-8500

Fax: (435) 251-8505

www.fdmotion.com

STANDARD ORTHOTIC DEVICES:

Functional:

- FM Functional
- FM Integrated
- FM Support

Athletic:

- Glider
- FM Sport
- FM Trainer

Dress:

- Dress Elite
- Dress High Heel

Accommodative:

- Motion Soft
- Comfort Soft

Diabetic:

- Diabetic Soft
- Diabetic Medium
- 3 Pair Diabetic

Specialty:

- PT Controller
- Non FM
- Carbon Fiber Plate
 - Left
 - Right

Children's:

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

Outgrow Program: 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

PRX Graphite™

- Semi-Rigid
- Rigid
- Ultra-Rigid

Polypropylene

- 1/8"
- 3/16"

Nylon

- Semi-Flex
- Semi-Rigid
- Rigid

Other

- Cork
- EVA

CAST & GRIND

Arch Height of Cast

- Low
- Medium
- High
- Total Contact

Flanges

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

Heel Cup

- 10mm
- 12mm
- 16mm
- Other _____

Orthotic Width

- Narrow
- Normal
- Wide/Athletic Cut

POSTING

Forefoot

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

Rearfoot

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

Pronation Skive ____ °

Heel Lift ____ mm

Left

Right

Kirby Skive ____ mm

2° Lateral Wedge

Left Right

COVERING

Top Cover Material

- EVA
- Vinyl
- Leather
- Neoprene
- Diabetic
- MicroSilver
- Perforated Ucolite

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
- 1/16" 1/8" 3/16"

Arch Pad

- Left Right

1st Ray Cut Out

- Left Right
- Cuneiform

Morton's Extension

- Left Right
- Reverse

- Length

- Meta Head
- Extend to Toe

- Material

- Korex Poron
- Rigid/Shell

Navicular

- In Shell In Padding

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 |

Arch Reinforcement

- Korex Poron
- EVA Crepe

Amputee Sponge Fill

- Left Right

Heel Spur Accom.

- Left Right

Dancer's Pad

- Left Right

Other Accomms.

- Heel Cushion
- Hole in Heel
- Horseshoe Pad

5th Met Base/Styloid

- In Padding

Additional Comments:

Dr. Signature: _____

Order Quantity: _____ Pair

RUSHES

Additional Items: _____ **QTY:** _____

Shipping Boxes: _____

Foam Impression Boxes: _____

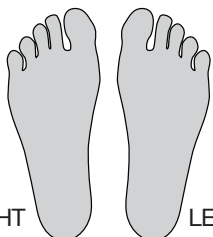
Material Ring: _____

Shipping

- Next Day Air \$65.00

Manufacturing

- 1 Day Rush \$60.00
- 3 Day Rush \$35.00



RIGHT

LEFT