



Rob's Shoe Repair & Orthotics LLC

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ORTHOTIC ORDER FORM

Patient Information

Name _____

Age _____ Sex _____ Wt. _____

Shoe Size: _____

Bill to: _____

City _____ State _____ Zip _____

Telephone _____

Please check for: Orthotic order forms 24 Hour Rush (\$40.00 additional charge will be added)

SELECT TYPE OF ORTHOSIS

LAB STANDARD WILL APPLY WHERE ORDER FORM INCOMPLETE

_DRESS _SPORT: _1/16" or _3/32" _SPORT2 _SUPER SPORT
_ACCOMODATIVE _EVA _ALIPLAST _THERMOCORK
_CARBON FIBER: _Semi-Flexible _Semi-Rigid _Rigid _Extra Rigid
_DIABETIC

POSTING

Rear foot _____ Forefoot _____
_Intrinsic _Extrinsic _To cast _Extrinsic
 L _____ R _____ L _____ R _____

SHELL MODIFICATIONS

_Regular (1s & 5th) _Narrow (1-4) _Wide (full)

Heel cup:

_Flat 4mm _Shallow 8mm _Reg 12mm _Deep 16mm

-Other _____

PADDING MATERIAL/THICKNESS

_Device only _Pad extension only _Pad heel to toe

_Bottom cover w/EVA

_Poron _1/16" _1/8" Other _____

DESIGN INSTRUCTIONS

Medial flange _R _L
_Slight (1/4") _Medium (1/2") _High (3/4")
Lateral flange _R _L
_Slight (1/4") _Medium (1/2") _High (3/4")
 Cut out 1st met head _R _L
 Cut out 1st Ray _R _L
 Arch _Foam fill arch on orthotics

TOP COVER/MATERIAL

_3/4 _Sulcus _Full length
_Puff _Vinyl
_Synthetic Leather
_Neoprene
_Leather
_1/16" _1/8"

Met Bar _R _L
 Met Pad _R _L
 Dancer's pad _R _L
 Scaphoid pad _R _L
 Morton's extension _R _L
_Rigid _Flexible

PO# _____

Date _____ Physician/Practitioner signature _____

Heel Raise _L _R _____

Spur Heel Accom _L _R

Heel Cushion Gel _L _R