



Rob's Shoe Repair & Orthotics LLC

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robshoerepairorthotics.com/lab

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