

Patient Name: _____ M F
 Weight: _____ Age: _____ Shoe Size: _____
 Clinic Name: _____
 Clinic Address: _____
 City: _____ Prov: _____ Postal: _____
 Phone: _____ Fax: _____

Footletic Inc
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 Stoney Creek, On, L8E 2K4
 (e) orders@footletic.ca
 (t) (905) 930-8355
 (f) (905) 930-7258

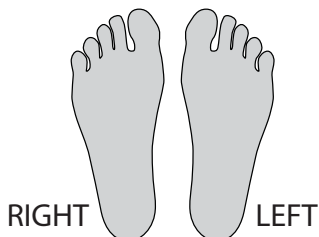
DEVICES (please choose)

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> <u>Functional:</u> | <input type="checkbox"/> <u>Sport:</u> | <input type="checkbox"/> <u>Dress:</u> | <input type="checkbox"/> <u>Accommodative:</u> | <u>Children's:</u> |
| <ul style="list-style-type: none"> • 2mm Poly • Intrinsic Post • Normal Grind • 10mm heel cup • 3mm Black EVA Full Length | <ul style="list-style-type: none"> • 2mm Poly • Extrinsic RF Post • Normal Grind • 15mm heel cup • 3mm Blue ETC Full Length | <ul style="list-style-type: none"> • 2mm CarbonFlex • Intrinsic Post • Narrow Grind • 5mm heel cup • 2mm Black Vinyl to sulcus | <ul style="list-style-type: none"> • Trilam EVA • Normal Grind • 10mm heel cup • Poron/Plastazote combo Full length | <ul style="list-style-type: none"> <input type="checkbox"/> UCBL <input type="checkbox"/> Whitman Roberts <input type="checkbox"/> Gait Plates <ul style="list-style-type: none"> <input type="checkbox"/> In-toe <input type="checkbox"/> Out-toe |

SELECT ONLY IF CHANGING DEVICE DEFAULTS OR ADDING ACCOMMODATIONS:

Use this portion of the form to order additional accommodations.

SHELL	CAST & GRIND	POSTING	COVERING	ACCOMMODATIONS												
<p>Polypropylene</p> <input type="checkbox"/> 2MM <input type="checkbox"/> 3MM	<p>Cast Dressing</p> <input type="checkbox"/> 0% (Full Contact) <input type="checkbox"/> 5% Mild <input type="checkbox"/> 10% Moderate <input type="checkbox"/> 15% Maximum	<p>Fore Foot</p> <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> Tip Post <input type="checkbox"/> Sulcus Post L ____ Varus/Valgus R ____ Varus/Valgus	<p>Top Cover Material 2MM 3MM</p> <input type="checkbox"/> EVA - Black <input type="checkbox"/> EVA - Blue <input type="checkbox"/> EVA - Tan <input type="checkbox"/> EVA - Pink Swirly <input type="checkbox"/> EVA - Black Swirly <input type="checkbox"/> EVA - Blue Swirly <input type="checkbox"/> EVA - Black/Green Camo <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather <input type="checkbox"/> Spenco - Black <input type="checkbox"/> Spenco - Blue <input type="checkbox"/> Plastazote/Poron	<p>Met Pad</p> <input type="checkbox"/> Left <input type="checkbox"/> Right												
<p>PolyNylon</p> <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm	<p>Flanges</p> <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<p>Rear Foot</p> <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic L ____ Varus/Valgus R ____ Varus/Valgus <input type="checkbox"/> Kirby Skive ____ mm	<p>Top Cover Length</p> <input type="checkbox"/> Mets <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Length	<p>Metatarsal Isolations</p> <table border="0" style="width: 100%;"> <tr> <td>Left:</td> <td>Right:</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> </table>	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
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															
<p>Carbonflex</p> <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm	<p>Heel Cup</p> <input type="checkbox"/> Flat (0 mm) <input type="checkbox"/> Shallow (5 mm) <input type="checkbox"/> Normal (10mm) <input type="checkbox"/> Deep (15mm) <input type="checkbox"/> XTra Deep (18mm)		<p>Top Cover Padding Length</p> <input type="checkbox"/> Forefoot Only <input type="checkbox"/> Entire Device	<p>1st Met Cut Out</p> <input type="checkbox"/> Left <input type="checkbox"/> Right												
	<p>Orthotic Width</p> <input type="checkbox"/> Slim <input type="checkbox"/> Normal <input type="checkbox"/> Wide		<p>Poron Thickness</p> <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16"	<p>Morton's Extension</p> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Heel Lift ____ mm <input type="checkbox"/> Left <input type="checkbox"/> Right												
				<p>Reverse Morton's Extension</p> <input type="checkbox"/> Left <input type="checkbox"/> Right												
				<p>Other Accommodations</p> <input type="checkbox"/> Heel Cushion <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Neuroma Pad <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hole In Heel <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Horseshoe Pad <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Energy Return <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Toes												



Additional Comments:

Additional Items: QTY:

- | | |
|---|-------|
| <input type="checkbox"/> Order Forms: | _____ |
| <input type="checkbox"/> Shipping Labels: | _____ |
| <input type="checkbox"/> Shipping Boxes: | _____ |
| <input type="checkbox"/> Foam Impression Boxes: | _____ |