MTECH
CUSTOM ORTHOTICS

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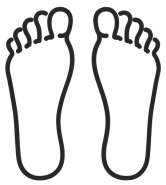
Lab Use Only

FEET NOTES



Date: _____ P.O. _____
Practitioner: _____
Address: _____
City: _____ St: _____ ZIP: _____ Patient: _____ Weight: _____
Phone: _____ Sex: _____ Age: _____ Shoe Size: _____ Shoe Style: _____

1. Select Device Style

FUNCTIONAL

- ■ M-Tech I - milled extrinsic rearfoot post
- ☐ M-Tech II - intrinsic rearfoot post

DRESS

- ☐ FashionCad I - heels <1"; intrinsic rf post
- ☐ FashionCad II - women's flats; intrinsic rf post
- ☐ DressCad - men's; intrinsic rearfoot post
- ☐ PolyFlex Dress - men's; poron arch fill
- ☐ PolyFlex Fashion - women's; poron arch fill

SPECIALTIES

- ☐ FHL - milled extrinsic rearfoot post
- ☐ Runner - intrinsic rearfoot post
- ☐ Ultimate Sport - milled extrinsic post; EVA cushion
- ☐ VA - intrinsic rearfoot post

ATHLETIC

- ☐ M-Tech Sport - milled extrinsic rearfoot post
- ☐ SportCad - crepe extrinsic rearfoot post
- ☐ SportCadPLUS - milled post, EVA cushion

ACCOMMODATIVE

- ☐ Koosh - diabetic, balanced rearfoot
- ☐ Airtech - EVA shell, balanced rearfoot
- ☐ Softie Cushion - UCBL style Airtech, full-width diabetic device
- ☐ PolyFlex Sport - poron arch fill

CHILDREN

- ☐ Modified Whitman-Robert
- ☐ Gait Plate
  ___induce out-toeing ___induce in-toeing
- ☐ Modified UCBL

2. Specifications – Please be sure to fill out all desired fields! *If form is incomplete, devices will be made to Lab Standards*

CONTROL

☐ Flexible ☐ Semi-rigid ☐ Rigid

PLASTER FILL

☐ Heavy ☐ Normal ☐ Light ☐ None

ORTHOTIC WIDTH

☐ Narrow ☐ Normal
☐ Wide ☐ Midfoot Narrowed

HEEL CUP DEPTH

☐ 8mm ☐ 11mm ☐ l4mm ☐ Extra Depth ___ mm

FOREFOOT POSTING:

☐ Intrinsic ☐ Milled Extrinsic
☐ Post to these values:
L_____ varus R_____ varus
L_____ valgus R_____ valgus

REARFOOT POSTING:

☐ Intrinsic ☐ Milled Extrinsic ☐ EVA Crepe Post
☐ Post to these values:
L_____ varus R_____ varus
L_____ valgus R_____ valgus

Kirby Skive: ☐ 2mm ☐ 4mm ☐ 6mm

☐ REFURBISH ORTHOTICS Pricing varies based upon requirements

☐ RUSH ORDER - $25 3 DAY IN LAB SERVICE

ACCOMMODATIONS

- ☐ Metatarsal pads _____L_____R
- ☐ Morton's Extension _____L _____R
  ☐ to sulcus ☐ to distal hallux
- ☐ Reverse Morton's Extension ____L_____R
  ☐ to end of toes
- ☐ Extra Heel Cushion _____L_____R
- ☐ Heel Spur Pad (Horseshoe) _____L_____R
- ☐ Dancer's Pad _____L_____R
- ☐ Reverse Dancer's Pad _____L_____R
- ☐ Modified Dancer's Pad _____L_____R
- ☐ Heel Lift – in MM please! _____L_____R
- ☐ Scaphoid Pad _____L _____R
  ☐ 1.5mm ☐ 3mm
- ☐ P-Wing _____L _____R
- ☐ Cutout metheads:
  _____L _____R

SHELL ACCOMMODATIONS

- ☐ 1st Ray Cutout _____L_____R
- ☐ 1st MPJ Cutout _____L _____R
- ☐ Pocket Heel Spurs _____L_____R
- ☐ Plantar Fascia Accom _____L_____R
- ☐ Hole in Heel _____L_____R
- ☐ Rigid Morton's Extension _____L _____R
  ☐ to sulcus ☐ to distal hallux

TOPCOVER LENGTH

☐ Meta ☐ Sulcus ☐ Full

TOPCOVER

☐ No Cover
☐ Padded Fabric 1.5mm ☐ Spenco 1.5mm
☐ Padded Fabric 3mm ☐ Spenco 3mm
☐ Watercolor EVA ☐ Dual Layer 6mm
☐ Vinyl ☐ Leather
☐ Black Swirl EVA

ADDITIONAL PADDING

Thickness: ☐ 1.5mm ☐ 3mm
Length: ☐ Extension Only ☐ Entire Device

NOTES/INSTRUCTIONS

_____
_____
_____
_____
_____

3. OTHER REQUESTS

☐ RETURN CASTS ($3.50)
☐ ORDER:
- ☐ Order Forms (No Charge)
- ☐ Shipping Labels (No Charge)
- ☐ Foam Impression Boxes ($6 Each) - Qty _____

FOR MTECH USE ONLY

In: _____
Account: _____
Plastic Thickness: _____
Orthotic Variables:
_____ _____
_____ _____
_____ _____

Cast Type: ☐ Splint ☐ Foam
Mold: ☐ Good ☐ Fair ☐ Poor

Posting	L	R
FF Intrinsic	_____	_____
FF Extrinsic	_____	_____
RF	_____	_____

Notes: _____

	L	R
Grindoff	_____	_____
Elevation	_____	
Length	_____ (s/m/l)	
Heel Lift	_____	_____