

# Pro-Ped Solutions, LLC

Expertly Handcrafted Custom Foot Orthotics

Houston Area Laboratory  
1611 East Hedgcroft Drive  
El Lago, TX 77586

## GENERAL ORTHOTIC Order Form

### Ordering Company Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Patient Name/ Reference Number: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Order/PO #: \_\_\_\_\_ Order Date: \_\_\_/\_\_\_/\_\_\_ Contact Name: \_\_\_\_\_

### Shoe Information *Only if full top cover requested*

Brand \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Width \_\_\_\_\_

### Order Information (Mark quantities appropriately)

| ORTHOTIC TYPE             |  | POLY SHELL THICKNESS       |    |
|---------------------------|--|----------------------------|----|
| ALL PURPOSE EVA           |  | 1/8" - UP TO 180 LBS       |    |
| BASKETBALL                |  | 5/32" - 181 LBS TO 274 LBS |    |
| COBRA DRESS               |  | 3/16" - OVER 275 LBS       |    |
| DRESS                     |  | TOP COVER                  |    |
| OFFLOADING EVA            |  | SIMULATED LEATHER          |    |
| RUNNING                   |  | SPENCO                     |    |
| U.C.B.L.                  |  | PLASTAZOTE                 |    |
| U.C.B.L.-EVA              |  | BLACK EVA                  |    |
| MID LAYER                 |  | COVER LENGTH               |    |
| PORON                     |  | METS                       |    |
| PORON (FF Extension Only) |  | SULCUS                     |    |
| NONE                      |  | TOES                       |    |
| NEUTRAL HEEL POST         |  | Yes                        | No |
| <i>Circle One</i>         |  |                            |    |

| ACCOMODATIONS      | L | R | POSTING          | L | R | ° |
|--------------------|---|---|------------------|---|---|---|
| Metatarsal Pad     |   |   | EXTRINSIC        |   |   |   |
| Metatarsal Bar     |   |   | Rearfoot Medial  |   |   |   |
| Heel Pad           |   |   | Rearfoot Lateral |   |   |   |
| 1st Ray Cut-out    |   |   | Forefoot Medial  |   |   |   |
| 5th Ray Cut-out    |   |   | Forefoot Lateral |   |   |   |
| Dancer's Pad       |   |   | INTRINSIC        |   |   |   |
| Morton's Extension |   |   | Forefoot Medial  |   |   |   |
| Medial Flange      |   |   | Forefoot Lateral |   |   |   |
| Lateral Flange     |   |   |                  |   |   |   |
| Arch Reinforcement |   |   |                  |   |   |   |

| METATARSAL RELIEF |   |   |   |   |   |
|-------------------|---|---|---|---|---|
|                   | 1 | 2 | 3 | 4 | 5 |
| L                 |   |   |   |   |   |
| R                 |   |   |   |   |   |



SPECIAL INSTRUCTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_