1135 E. Nine Mile
Ferndale, MI 48220
248-542-0802 Ph / 248-542-1412 Fax
www.betterforminc.com

Patient Information

Name:_____

Sex:_____ Age:_____

Height:_____ Weight:_____

Sport/Occupation:_____

Shoe Size and Width:_____

□ **HELP** Please call me for consult.

Account Information

Name:

Address 1:

Address 2:

Account#: / Phone:

□ Please use my personalized top covers

Rush Fabrication

Additional Charges will apply
□ One Day □Two Days □Three Days

Commonly Ordered Orthotics

(Sports orthotic will apply unless checked)

Functional Orthotics/Sports Orthotics
□ Sports Form
□ Sports Form Side to Side
□ Sports Form Impact

Mid Range Orthotic
□ Active Form
□Active Form Plus

High Heel Orthotics
□ Dress Form □ Slip-ons
□ Dress Form w/hole in heel

Geriatric Orthotics
□ Golden Form
□ Golden Form: Heel to toe
□ Golden Form Diabetic

Children's Orthotics
□ Child's Functional □ Shaffer Plate
□ Out-toe Gait Plate □ Heel Stabilizer
□ In-toe Gait Plate

Custom Constructed Orthotics

If different from commonly ordered

□ 1mm(flex) B.F.

□ 2mm(semi flex) B.F.

□ 3mm(semi rigid) B.F.

□ 3.50 (firm) B.F.

□ 1/8"(milled polypropylene)

□ 3/16"(milled polypropylene)

Posting Instructions

Forefoot Post
□ None □ Intrinsic □ Extrinsic
□ Lab Discretion
□ Use Doctor's Measurements
Left: Varus_____ Valgus_____
Right: Varus_____ Valgus_____

Rearfoot Post
□ None □ Intrinsic □ Extrinsic
□ Lab Discretion
□ Use Doctor's Measurements
Left: Varus_____ Valgus_____
Right: Varus_____ Valgus_____

Additions / Modifications

Circle Right, Left or Right/Left

R	L	R/L	Deep Heel Seat
R	L	R/L	Heel Pad
R	L	R/L	Heel Spur Accom.
R	L	R/L	Met Pad
R	L	R/L	1st Ray Cutout
R	L	R/L	5th Ray Cutout
R ___	L ____		Heel Lift
R	L	R/L	Intrinsic Heel Ins.
R	L	R/L	Distal Medial Reinf.
R	L	R/L	Reinforce Arch
R	L	R/L	Morton's Extension

Foam Coverings

From Met Heads to:

□ Sulcus □ End of Toes

From Heel Seat to:

□ Met Heads □ Sulcus

□ End of Toes

Foam Thickness:

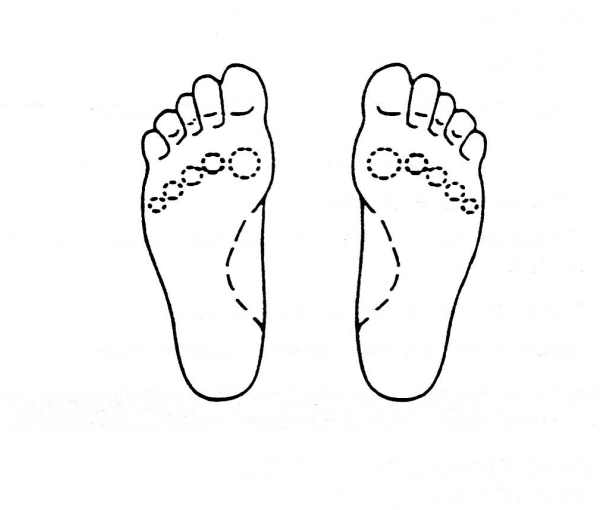
□ 1/16" □ 1/8" □ 1/4"

Tri-Laminate:

□ 1/16" foam cover with 1/8" foam addition to forefoot

Additional Instructions

Pocket Accommodations



Please circle:

Right 1 2 3 4 5 **Left** 1 2 3 4 5

□ As marked on casts

□ By location/description on picture

Orthotic Grind Width

□Narrow □Medium □Wide

Orthotic Arch Height

□ High arch (No plaster fill)

□ Medium arch (Medium plaster fill)

□ Low arch (Maximum plaster fill)

For Lab Use Only