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**Patient Information**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sport/Occupation: \_\_\_\_\_

Shoe Size and Width: \_\_\_\_\_

**HELP** Please call me for consult.

**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

**Account Information**

Name:

Address:

Account#: \_\_\_\_\_ / Phone: \_\_\_\_\_

Please use my personalized top covers

**Rush Fabrication**

**Additional Charges will apply**

- One Day  Two Days  Three Days

**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.

**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 | 1 <sup>st</sup> Ray Cutout |           |
| R | L   | R/L | 5 <sup>th</sup> 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:

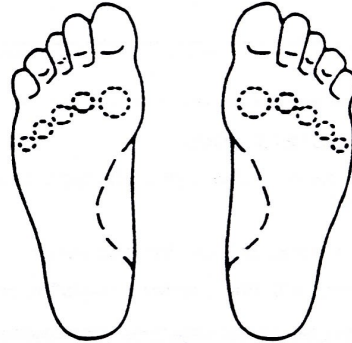
- 1/16"     1/8"     1/4"

#### 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