

Date Mailed: _____
Date Needed: _____
(Standard fab time 10 days in house)
3 Day Rush Order: \$75.00

PO #: _____ Acct#: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ Age: _____ M F
REQUIRED: Shoe Size: _____ Height: _____ Weight: _____ Dx: _____

Posterior Bridged



Split Ankle

ORTHOTIC TYPE (Select one)

- 1/8" up to 150 LBS
- 5/32" up to 250 LBS
- 3/16" up to 350 LBS

TOP COVER

- LEATHER
- VINYL
- SPENCO (NEOSPONGE)
- MICROCEL PUFF (Select Color)
- PORON W/BLUE SUEDE
- PLASTAZOTE
- BLUE EVA
- BLACK EVA 1/8"
- PCELL 1/16"

OTHER _____ (Color)

<https://inovaopfab.com/fusion-smo>

COVER LENGTH

- METS
- SULCUS
- TOES (FULL LENGTH)
- L R BIL
- SPLIT ANKLE (standard)
- POSTERIOR BRIDGED

NEUTRAL HEEL POST

- Y N



MID LAYER

- PORON 1/8"
- PORON XRD 1/16"
- PORON SRP

REPAIR/REFURBISH

Remarks/Instructions: _____

ACCOMODATIONS	L	R			
Metatarsal Pad					
Metatarsal Bar					
Heel Pad					
1 st Ray Cutout					
Dancer's Pad					
Morton's Extension					
Medial Flange					
Lateral Flange					
Arch Reinforcement					
METATARSAL RELIEF					
	1	2	3	4	5
LEFT					
RIGHT					

POSTING	L	R	B
EXTRINSIC			
Rearfoot Medial			
Rearfoot Lateral			
Forefoot Medial			
Forefoot Lateral			
INTRINSIC			
Forefoot Medial			
Forefoot Lateral			

Casting Instructions: Please cast patient at least 2" above malleoli with ankle at 90°