

If you are emailing a scan, please include the completed order form along with the scan to Inovaorthopedicsadmi@gmail.com.
To help us in tracking orders that are mailed, please email completed forms to: Inovaorthopedicsadmi@gmail.com
then mail the order form along with casts or crush box to:
218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

INOVA FUSION SMO

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/BUE SUEDE
- PLASTAZOTE
- BLUE EVA
- BLACK EVA 1/8"
- PCELL 1/16"
- OTHER _____ (Color)

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°