

If you are emailing a scan, please include the completed order form along with the scan to Inovaorthopedicsadmi@gmail.com.
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then mail the order form along with casts or crush box to:
218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

FUNCTIONAL FOOT ORTHOTIC

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: _____ M F Weight: _____

REQUIRED: Shoe Brand: _____ Shoe Model: _____ Size: _____ Width: _____

Orthotic Design (Select one)

- Shell: POLYPRO COPOLY
 GRAPHITE
 DRESS (Low Profile)
 THERMOCORK
 MULTICORK
 SMO (Traditional)
 UCBL

MID LAYER

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

REFURBISH OR REPAIR

DUPLICATE CURRENT ORTHOTICS

Orthotic Type (Select one)

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

TOP COVER

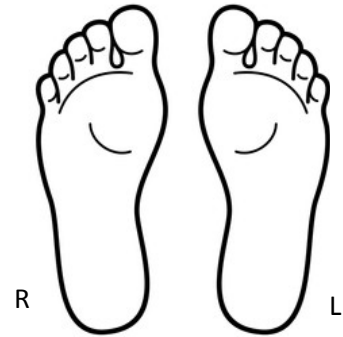
- LEATHER
 VINYL X-STATIC
 SPENCO (NEOSPONGE)
 MICROCEL-PUFF (Select Color)
 PORON W/BLUE SUEDE
 PLASTAZOTE
 EVA BLUE BLACK
 BLACK EVA 1/8"
 PCELL 1/16"
 OTHER _____ (Color)

Cover Length

- METS
 SULCUS
 TOES

NEUTRAL HEEL POST

- Y N



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			