

Provider: _____
Ship Address: _____

Pt Full Name: _____
DOB: _____ Exam Date: _____

Exam and Orders: Minimum Requirements Only:

Exam

Order

<i>Insole</i>		<i>Shoe Selection</i>			
Subjective Note					
Shoe Size	M W Y				
Top Photo	<input type="checkbox"/>				
Gait Video	<input type="checkbox"/>				
<i>Hybrid (ins/orth)</i>		<i>Material Selection</i>			
<i>All Insole Elements (less Gait Video) plus:</i>					
CSP:					
Tib L 3rd					
<i>Full Orthotic</i>		<i>Flange Options</i>			
<i>All Hybrid and Insole Elements plus:</i>					
MTPJ 1-5 Angle:					
MTPJ 2-5 Angle:					
First MTJ Flex:					
Angle of Gait:					
		<i>Volume Option</i>			
		Running	EV 40	<i>Lateral</i> XS S M L XL	<i>Heel Hieght*</i> 1/4 3/8 1/2 5/8 3/4 XS S M L XL
		Walking	EV 60	<i>Medial</i> XS S M L XL	*heel height is relative to length (the value you see is multiplied by the length)
		Skate			
		Ski Boot	EV Combi 2	<i>Forw Lat</i> XS S M L XL	<i>Toe Box Thickness**</i> XS S M L XL
		Dress	EV Combi 6		
		Cleat		<i>Forw Med</i> XS S M L XL	
		Hiking Boot			
		Other:			
			PZ 26	<i>Lat Slope</i> S L	<i>Top Thickness**</i> 0 1/16 1/8 3/16 1/4
			PZ 11		
			PZ 13		**Toe Box and Top Thick are ABSOLUTE values
			PZ 14		

REMINDER: Always measure MTPJ 1-5 FIRST. This value is ALWAYS going to be LESS THAN the 2-5 Angle by 2 degrees

