Foot Function Lab

Lab #:

Date:

Order Form

For Systems I & II, Easy & Custom

7899 W. Sample Rd.
Coral Springs, FL 33065
Phone (954) 753-2500
(800) 785-FOOT(3668)
Fax: (954) 753-4119
Email:ffl@orthotics.net
Website: www.orthotics.net

Please Print Clearly and Accurately Check Boxes

Dr. _____ Phone ( ) - _____ Date _____

Address _____ City _____ State _____

☐ Check Enclosed ☐ Use Credit Card: Fax( ) - _____ Zip _____

☐ AMEX ☐ MC ☐ VISA ☐ Discover Card Number _____

Signature _____ ☐ Use For Future Orders Exp. Date ___/_____

Patient ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Sex Age Height Weight _____
(First Name) (Last Name)

Shoe Size _____ Shoe Width _____ Shoe Style _____ Activity _____

History:

☐ **RUSH**: Needed By ___/___

☐ Ship Back Using **Standard** Postal Service(N/C) ☐ Ship Back Using **Airborne Express** (Freight applies) ☐ Number of Same Pair _____
(Priority Mail) (Use another form for a second different

Ordering ☐ Rush Cast Boxes qty. 1 inch qty. _____ (free) 2 inch _____ qty. _____ ($5 each) Return Casts ($15)
(On return of your System II finished orthotic, your free cast box will be replaced. Rushed cast boxes will be shipped upon request. Freight applies.)

☐ _____ ☐ _____ ☐ _____

☐ Regular Shipping Labels qty. _____ ☐ Prepaid Merchandise Return Labels qty. _____ ☐ Airborne Express Labels qty. _____

Easy Order System:

Length

Standard Top Cover

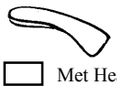
		Regular	Three Quarters	Full	Puff	Deluxe Top(Corfam)	Pillow Top(Spenco)	Gray
1" Box ☐	#1 Standard Spinal Support	☐	☐	☐		☐ 1/16 Tan		
1" Box ☐	#2 Ladies Dress Orthotic *SH*	☐	☐			☐ 1/16 Tan	☐ 1/16 Tan	
1" Box ☐	#3 Mens Dress Orthotic *SH*	☐	☐			☐ 1/16 Tan	☐ 1/16 Tan	
1" Box ☐	#4 Western Boot Orthotic *SH*	☐	☐		☐ 1/16 Blue Puff			
1" Box ☐	#5 All Sports Orthotic *SH*		☐	☐			☐ 1/8 Blue	
1" Box ☐	#6 High Stress Sports Orthotic		☐	☐			☐ 1/8 Blue	
1" Box ☐	#7 Cushion Flex Geriatric Orthotic			☐	☐ 1/8 Blue Puff			
2" Box ☐	#8 Semi-Flexible All Sports Orthotic	☐	☐	☐			☐ 1/8 Blue	☐ 1/16
2" Box ☐	#9 Semi-Rigid Orthotic	☐	☐	☐			☐ 1/8 Blue	☐ 1/16
2" Box ☐	#10 Soft Support		☐	☐			☐ 1/8 Blue	☐ 1/16
2" Box ☐	#11 Wonder Cork		☐	☐			☐ 1/8 Blue	☐ 1/16

Custom Order System:

1" Box ☐ X-13 Spinal/Dress Orthotic
1" Box ☐ X-13*SH* Spinal/Dress Orthotic
1" Box ☐ X-13*SH* Sport Orthotic
Give Size ☐ X-13*HL* Heel Lift (Fill Out Back)
2" Box ☐ X-14 Subortholene
2" Box ☐ X-15 Plastazote
2" Box ☐ X-16 Cork & Leather
2" Box ☐ X-17 Polydor
2" Box ☐ X-18 Polyethylene
2" Box ☐ X-19 Carbon Graph
2" Box ☐ X-20 Polypropylene
2" Box ☐ X-21 Dress Hook
2" Box ☐ X-22 Balance Flex
2" Box ☐ X-23 Semi-Flexible Dress Orthotic

☐ Polypropylene(Standard)
☐ Carbon Graph ☐ Subortholene

Length



☐ Met Heads

☐ Sulcus

☐ Toes

Top Cover

Blue Pillow(Spenco)	☐ 1/8	☐ 1/16	
Tan Pillow		☐ 1/16	
Deluxe(Corfam) Standard		☐ 1/16	
Leather		☐ 1/16	
Blue Perforated	☐ 1/8		
Puff	☐ 1/8	☐ 1/16	
Pink Plastazote	☐ 1/8	☐ 1/16	☐
3/16	☐		☐
Diab-A-Sheet	☐ 1/8	☐	
3/16	☐	☐	
Poron® Velvet	☐ 1/8	☐ 1/16	☐
Poron® Plain	☐ 1/8	☐ 1/16	☐

Extension Padding is standard 1/8th Poron®, plus the thickness of the top cover.
☐ Use 1/16th of padding instead ☐ Do not use any extra padding
☐ Use 3/16th of padding instead ☐ Other_____ (May be discussed with Lab

☐ **Can use free 1" Box, 2" Box, or Plaster Cast* ☐ **Must use 2" Box or Plaster*

System I