



225 Larkin Dr., Unit 3, Wheeling, IL 60090
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FO Fabrication Form

Facility: _____ Practitioner: _____

Date: _____ Need By Date: _____ PO# _____

Patient Name: _____ Male Female Height: _____

Weight: _____ Shoe Type: _____ Shoe Size: _____

Orthotic Additions:

Morton's Ext*: _____ Toe Filler*: _____

Materials

(Note Thickness and Color Desired)

Cast Modifications	Base	Reinforcement	Top Cover/Color
<input type="checkbox"/> Met Pad _____ <input type="checkbox"/> Smooth total contact <input type="checkbox"/> Other _____	<input type="checkbox"/> ProXP II _____ <input type="checkbox"/> UCOKork _____ <input type="checkbox"/> XPE _____ <input type="checkbox"/> UCOfen 60 _____ <input type="checkbox"/> Copoly _____ <input type="checkbox"/> TPE _____ <input type="checkbox"/> Polypro _____ <input type="checkbox"/> Carboplast* _____ Other _____	<input type="checkbox"/> THK <input type="checkbox"/> Super HK <input type="checkbox"/> Thermoknit Other _____	<input type="checkbox"/> UCOLite _____ <input type="checkbox"/> Duolite _____ <input type="checkbox"/> Puroplast _____ <input type="checkbox"/> DuoPlaz _____ <input type="checkbox"/> Leather _____ Other _____
Specialty Orthotic: <input type="checkbox"/> Versa Style			

Orthoses Style:	Heel Posting*:	Forefoot Posting*:
<input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus <input type="checkbox"/> Proximal	Flanges (circle): Low Mid High Heel Cup: _____	<input type="checkbox"/> Neutral _____ <input type="checkbox"/> Medial wedge <input type="checkbox"/> Lateral wedge
		<input type="checkbox"/> Medial wedge <input type="checkbox"/> Lateral wedge

Special Instructions: _____

*additional charge