



225 Larkin Dr., Unit 3, Wheeling, IL 60090  
 (800)541-4030 FAX: (847)541-4144

FO Fabrication Form

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_  
 Date: \_\_\_\_\_ Need By Date: \_\_\_\_\_ PO# \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Male  Female  Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Shoe Type: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

**Production**

**Materials**

**Accommodations**

*(Note Thickness and Color Desired)*

*(Mark on Diagram)*

<p><b>Cast Modifications</b></p> <p><input type="checkbox"/> Met Pad _____  <input type="checkbox"/> Smooth total contact  <input type="checkbox"/> Other _____</p>	<p><b>Base</b></p> <p><input type="checkbox"/> ProXP II _____  <input type="checkbox"/> UCOKork _____  <input type="checkbox"/> XPE _____  <input type="checkbox"/> UCOnen 60 _____  <input type="checkbox"/> Copoly _____  <input type="checkbox"/> TPE _____  <input type="checkbox"/> Polypro _____  <input type="checkbox"/> Carboplast* _____          Other _____</p>	<p><b>Top Cover/Color</b></p> <p><input type="checkbox"/> UCOLite _____  <input type="checkbox"/> Duolite _____  <input type="checkbox"/> Puroplast _____  <input type="checkbox"/> DuoPlaz _____  <input type="checkbox"/> Leather _____          Other _____</p> <p><b>Length of Top:</b></p> <p><input type="checkbox"/> Full Length  <input type="checkbox"/> Sulcus  <input type="checkbox"/> Proximal</p> <p><b>Reinforcement</b></p> <p><input type="checkbox"/> THK  <input type="checkbox"/> Thermoknit          Other _____</p>	
<p><b>Grinding:</b></p> <p><input type="checkbox"/> Narrow  <input type="checkbox"/> Normal  <input type="checkbox"/> Wide</p>	<p><b>Length of Base:</b></p> <p><input type="checkbox"/> Full Length  <input type="checkbox"/> Sulcus  <input type="checkbox"/> Proximal</p>		
<p><b>Flanges (circle):</b>          Low Mid High</p>			
<p><b>Heel Cup (circle):</b>          Low Mid High</p>			

<p><b>Heel Posting*:</b></p> <p><input type="checkbox"/> Medial wedge R __ L __  <input type="checkbox"/> Lateral wedge R __ L __          Thickness: 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/></p>	<p><b>Forefoot Posting*:</b></p> <p><input type="checkbox"/> Medial wedge R __ L __  <input type="checkbox"/> Lateral wedge R __ L __          Thickness: 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/></p>	<p><b>Orthotic Additions:</b></p> <p>Morton's Ext. (specify material above) _____          Toe Filler * _____          Quick-Sil Soft Spot* _____</p>
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**Special Instructions:**

\*additional charge