6299 Guion Road • Indianapolis, IN 46268 (800) 444-3632 • (888) 867-8571 Fax www.alliedosilabs.com Date Sent to Lab Please place your account label here or fill in information		Biofoam
Patient Name — — — — Diagnosis — — Wt — — —	Sex — Shoe Size — bish □ Adjustment □ Warranty	
	Custom Economy	y Footlights®
Orthotic Selection: Athletic Competitor Dress Accommodative		Reinforce Arch: Corex Crepe Methead Accommodation:
Shell Thickness: Polypropylene (1/8") Polypropylene (3/16")		L R <u>Cutout 1st MPJ in Shell:</u> L R
Top Cover Length: (EVA Met. Sulcus Full No top covers	A only)	Posting: FOREFOOT: Post to Cast No Posting Standard Intrinsic
Arch Height: Low Medium High No Arch Fill	Grind: Narrow (hourglass shape) Regular Wide Shaffer Grind	Extrinsic Short or Long Left: Right: Varus Varus Valgus Valgus
Please indicate the following: L-left, R-right, B-bilateral		REARFOOT: ☐ No Post
Heel Spur Accommodations: Horseshoe Heel Pad Horseshoe Heel Pad		Extrinsic Modified Intrinsic Left: Right:
Accommodations: —— Arch Pad —— Extra Heel Cushion		——— □ Varus ——— □ Varus ——— □ Valgus ——— □ Valgus
Met PadCorex Morton's Extension to SulcusDeep Heel Cup		Comments:
— Heel Lift Height	maximum "½" maximum ("½" maximum ("½")	

FORM 71896 Rev. 3/20