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Please place your account label here or fill in information

Account #: _____ Date Sent: _____
 Account Name: _____
 Account Address: _____
 City: _____ State: _____ Zip: _____
 Patient Name: _____
 Last First
 New Second pair off previous mold-RX# _____
**Please attach a separate order form for each pair*

CUSTOM ORTHOTIC PLUS LINE ORDER FORM

FOR LAB USE ONLY
 Shoes Enclosed Biofoam Positive Casts
 Orthos Enclosed RX# _____ Single Left Right
 Accommodations as marked on casts L: _____ R: _____

Shoes enclosed with order? *Shoe required for Turf Toe & Amputee Fill*
 Ship to Patient (supply address & phone #) Return Casts

DOB: _____ Weight: _____ Gender: _____ Shoe Size: _____
 Adjustment Refurbish AOR Claim Rush 3-Day (in lab)
**Product standards will apply unless otherwise indicated*

PRODUCTS

FUNCTIONAL

(indicates the product standard shell)*

Hybrid: Performance RX® Semi-Flex Semi-Rigid* Rigid
 Hybrid: Polypropylene* 1/8" 1/4" 3/16**
 Hybrid: TL 2100® Semi-Rigid* Rigid
 Hybrid: TL Silver® Semi-Rigid* Rigid
 TPD Control

INTERMEDIATE

Balance Lite Balance Soft Balance Support
 Pedestrian

ACCOMMODATIVE

Diabetic Soft Diabetic Medium Diabetic Firm
 Classic Leather

DRESS

Dress Class I Dress Class II Dress Class III

ATHLETIC

Walker Nylon Rx Supersport

CHILDREN'S LINE

(Recommended for children under 10 years old)

Whitman Roberts Reverse Roberts
 Heel Stabilizer: A B C D E
 Gait Plate Inducing: In Toe Out Toe
 Shell Color: White* Blue Red Multicolor

(show accoms below) Additional Comments or Instructions



POSTING

FOREFOOT POSTING

(Post to cast is standard unless otherwise indicated)

No Post Intrinsic Extrinsic Triaxial (>9 varus or 6 valgus)
 Left: ___ Varus ___ Valgus Right: ___ Varus ___ Valgus

REARFOOT POSTING

No Post Mod Intrinsic Extrinsic Biaxial (>6 degrees)
 Left: ___ Varus ___ Valgus Right: ___ Varus ___ Valgus
 Pronation Skive (Motion) ___ degree Kirby Skive ___ mm

ADDITIONAL CAST & SHELL MODIFICATIONS

Forefoot Width: Narrow (hourglass shape) Regular Wide
 Arch Height: Low Medium* High No Fill
 Shaffer Grind: L R Old Style Shaffer Grind: L R
 Medial Flange: L R Lateral Flange L R
 Cut out 1st MPJ in shell Cut out 1st to Cuneiform in shell
 Other Accom _____ (as marked on cast): L R
 16mm* Deep Heel Cup: L R
 Turf Toe out of shell material to the end of the hallux: L R

(Shoe required for Turf Toe or Amputee Fill)

ADDITIONAL TOP COVER & PADDING OPTIONS

Top Cover Length: Met Sulcus Full
 Alternative Top Cover Type: Nylene Echoleather
 (mark length above) EVA Ultrasuede®

Soft Poron® Padding (mark length above): 1/16" 1/8"

EXTRAS

(All accommodations are done bilaterally unless otherwise indicated-please mark on casts)

Met Head Accoms: L: _____ R: _____
 Met Pad: L R Small Medium* Large (all 1/8" thickness)
 Arch Pad L R Corex Morton's Extension to Sulcus: L R
 Arch Reinforcements: Corex Poron® Crepe
 Horseshoe Heel Pad Hole in Heel Extra Heel Cushion
 Heel Lifts: L R 1/8" 3/16" 1/4" 1/2" (max)

(If requesting >1/2", additional material will be sent separately)

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