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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

*\*Product standards will apply unless otherwise indicated*

**PRODUCTS**

**FUNCTIONAL**

*(\* indicates the product standard shell)*

Hybrid: LX®  Semi-Flex  Semi-Rigid\*  Rigid

Hybrid: Polypropylene\*  1/8"  3/16"\*  1/4"

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*



Right Left

**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  EVA  Ultrasuede®

(mark length above)

Soft Poron® Padding:  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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