



Integrated Orthotic Lab

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Cast Date: _____

For lab use only. F S

Dr's name: _____ Pt's last name: _____ First: _____

Address: _____ Age: _____ Sex: _____ Weight: _____ Shoe size: _____

City: _____ State: _____ Zip: _____ Shoe type: _____ Diagnosis: _____

Email: _____ Phone: _____ Fax: _____ **RETURN CASTS**

ORTHOTIC SELECTION SHELL MATERIAL SELECTION POSTING INSTRUCTIONS

FUNCTIONAL

- Guardian
- Protector

ACCOMMODATIVE

- Shock Lite
- Shock Plus

ATHLETIC

- Soft Sport
- Control Sport
- Runners Edge

DRESS

- Avenue Flat
- Avenue Pump

DIABETIC

- Sole Remedy
- Sole Remedy Plus

NEW BEGINNINGS

- Whitman Roberts
- Gait Plate In-toe
- Gait Plate Out-toe
- UCBL
- Heel Stabilizer Type _____

- TL2100 Semi-Flex
- TL Silver Semi-Rigid
- TL Silver Rigid
- White Polypropylene 1/8"
- White Polypropylene 3/16"
- Carbon Flex 1mm
- Carbon Flex 2mm
- Carbon Flex 3mm
- Other _____

FOREFOOT

- Lab Discretion
- FF Intrinsic
- FF Extrinsic
- Varus Left _____ Right _____
- Valgus Left _____ Right _____

REARFOOT

- RF Intrinsic in Shell
- RF Extrinsic
- 4° Inverted / 4° Motion
- RF Biaxial (Greater Than 6 Deg.)
- Varus Left _____ Right _____
- Valgus Left _____ Right _____

CASTWORK & GRIND SPECS TOP COVER LENGTH ACCOMMODATIONS INSTRUCTIONS

- Low Arch Fill
- Standard Arch Fill
- No Arch Fill
- Kirby Skive
- R _____ mm L _____ mm
- Narrow Grind
- Standard Grind
- Wide Grind
- Heel Cup Depth
- R _____ mm L _____ mm
- Heel Lift
- R _____ mm L _____ mm

- Meta Length
- Sulcus Length
- Full Length

TOP COVER MATERIAL

- Blue ETC
- Black ETC
- Vinyl 1/16" Pad 1/8" Pad
- Star Suede
- Neolon
- Leather 1/16" Pad 1/8" Pad
- Soft Blue EVA 1/8"
- Pinstripe 1/16" Pad 1/8" Pad
- Other _____

| | R | L | |
|-------------------|--------------------------|--------------------------|-------|
| First Ray Cut-out | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Arch Pad | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Extra Heel Pad | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heel Spur | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Horseshoe Pad | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Meta Bar | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Meta Pad | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heel Aperture | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Arch Fill Soft | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Arch Fill Firm | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lateral Flange | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Medial Flange | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

REJUVENATE FOREFOOT ACCOMMODATIONS MARK ACCOMMS ON CAST AND BELOW

- New Top Covers Only
- New Top & Bottom Covers
- Complete

OFFICE SUPPLIES

- Order Forms
- Prepaid Shipping Labels
- Shipping Boxes
- Bio-Foam

- | | R | L |
|-----------------------------|--------------------------|--------------------------|
| Morton's Extension | <input type="checkbox"/> | <input type="checkbox"/> |
| Neuroma Pad | <input type="checkbox"/> | <input type="checkbox"/> |
| Toe Crest | <input type="checkbox"/> | <input type="checkbox"/> |
| Toe Filler (shoe is needed) | <input type="checkbox"/> | <input type="checkbox"/> |
| Right Metaheads _____ | | |
| Left Metaheads _____ | | |



SHOE SELECTION

Shoe : _____ Shoe : _____

Size : _____ Color : _____ Size : _____ Color : _____

Width : _____ With Orthotic Shoe Only Width : _____ With Orthotic Shoe Only