



Integrated Orthotic Lab

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Cast Date: _____

For lab use only.

Doctors name: _____ Patients 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
- Heel Stabilizer Type _____

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

FOREFOOT

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

REARFOOT

- RF Intrinsic in Shell
- RF Extrinsic
- 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 1/8" Pad
- Black ETC 1/8" Pad
- Vinyl 1/16" Pad 1/8" Pad
- Star Suede
- Neolon
- Leather

	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"/>	_____
Meta Raise (in shell)	<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
- Return CAD/CAM Email
- Return CAD/CAM CD

- | | 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 _____ | | |



Right

Left