

# FUNCTIONAL INSERT ORDER FORM

Dr./Practitioner  
Name  
Facility Name  
And Address:

**DO NOT  
LEAVE BLANK**

14 Schiber Court  
Maryville, IL 62062  
PH: 618-208-4444  
FAX: 618-205-3461  
sales@nsolinc.com  
www.newsteporthotics.com

## PURCHASE ORDER #

**2 Day Rush \$50  
3 Day Rush \$35**

### FOR OFFICE USE ONLY

Cast ID \_\_\_\_\_

Scanned

Name: \_\_\_\_\_

M F Age \_\_\_\_\_ Weight Lbs. \_\_\_\_\_ Brand \_\_\_\_\_

Style: Athletic Dress Casual Diabetic Size \_\_\_\_\_

**Pairs of Orthotics**   **Other:** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

3D PRINTED SHELL SPORT	HIGH SUPPORT	CASUAL	DRESS
Pro Sport Flex	Ultra Support	Flex Sport	Dress Pro Flex
All Sport Flex	UCBL	Balance Sport	Thin Dress Pro
Ultra Thin Graphite	Morton Extension	Extra Flex	Dress High Heel
Standard Graphite	Plastic Graphite	Soft Sport	
Shock Absorber			

### CHILDRENS ORTHOTICS

Gait Plate In-Toe  
Gait Plate Out-Toe  
Heel Stabilizer A  
Heel Stabilizer B  
Heel Stabilizer C

### MODIFICATIONS:

- |                            |   |   |
|----------------------------|---|---|
| Heel Cups.....             | L | R |
| Low Medium Deep            |   |   |
| Metatarsal Pads/Raise .... | L | R |
| S M L                      |   |   |
| Distal Placement           |   |   |
| Metatarsal Bar .....       | L | R |
| S M L                      |   |   |
| Neuroma Pad.....           | L | R |
| Heel Spur Cut-Outs .....   | L | R |
| Extra Cushion.....         | L | R |
| Heel Forefoot              |   |   |
| Cut Shell 1st MPJ .....    | L | R |
| Cut Shell 5th MPJ.....     | L | R |
| Metatarsal Cut Out .....   | L | R |
| <b>L</b> 1 2 3 4 5         |   |   |
| <b>R</b> 1 2 3 4 5         |   |   |
| Horseshoe Heel Pad.....    | L | R |
| Morton's Ext. (cork).....  | L | R |
| Reverse Morton's Ext. .... | L | R |
| Medial Flange .....        | L | R |
| Soft Hard                  |   |   |
| Lateral Flange .....       | L | R |
| Planter Arch Fill .....    | L | R |
| Cork PPT Corex EVA         |   |   |
| Heel Lift/Amount _____     | L | R |

### THE BASICS

SR1 R2

**SHELL WIDTH:** NARROW MEDIUM  
WIDE WIDE ARCH DRESS TRIM

### TOP COVER Call Lab for Custom Top Cover.

**LENGTH:** Shell<sup>(1/2)</sup> Sulcus<sup>(3/4)</sup> Toe (FULL)

Vinyl only (no padding)  
Vinyl Full Foot 1/8" PPT  
1/8" Thermal Mold  
1/8" Spenco 1/16" PPT 1/8" PPT Padding  
1/16" Spenco 1/16" PPT 1/8" PPT Padding  
1/8" P-Cell + 1/16" PPT Padding  
Sweat Resistance with 1/16" PPT Padding  
Leather with 1/8" PPT Padding  
Suede + 1/8" Cushion

**BOTTOM COVERS:** EVA Vinyl None  
Fore Foot Only Full Foot

### POSTING

FOREFOOT		REARFOOT	
Intrinsic	Extrinsic	Intrinsic	Extrinsic
<small>Extend to Sulcus</small>			
<b>Left</b>		<b>Left</b>	
Medial _____		Medial _____	
Lateral _____		Lateral _____	
Neutral _____		Neutral _____	
<b>Right</b>		<b>Right</b>	
Medial _____		Medial _____	
Lateral _____		Lateral _____	
Neutral _____		Neutral _____	

### SPECIAL INSTRUCTIONS:

### CAST MODIFICATIONS:

As Cast  Arch  Arch  
Other \_\_\_\_\_

Mark impressions and order form for accommodations



BOTTOM VIEW