



**HiTek Fab**  
 222 Turner Blvd, St. Peters, MO 63376  
 ph (636) 385-6370 [www.HiTekFab.com](http://www.HiTekFab.com)

# HiTek Branded Custom Semi-Rigid Foot Orthotic

<b>Patient</b>	Last name:		
	First Initial:		<input type="checkbox"/> Male <input type="checkbox"/> Female
	P. ID.	Date cast:	Weight:
	If you are doing a 2nd order, add "-2" to the patient ID, and "-3" for 3rd order, and so on.		
	<input type="checkbox"/> Bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only	QTY: (FO sold Individually. Select 2 if you want a pair, 4 for 2 pair, etc.)	
Size & Width: Bilateral:		Shoe Style:	

### Fit Orthotic to Shoe

**REQUIRED:** Fab Will Fit?  <sup>\*</sup>No  <sup>\*</sup>Yes  
Standard

<b>Practitioner</b>	Name: <small>Please change to your name if necessary.</small>		
	Facility:		
	Street address:		
	City:	State:	Zip:
	Email:	Phone:	
	Office:		

### Modifications

**Extrinsic Post:**

Medial:  Heel  Left  Right    Lateral:  Left  Right     °  
4° is Standard

Medial:  Forefoot  Left  Right    Lateral:  Left  Right     °  
4° is Standard

**Arch Fill:**

Standard

Rigid

### Custom Accommodative Inserts

*In compliance with Federal guideline, for any custom inserts reorders, please submit a new foam impression, casts, or foot scan.*

*Please check here if you need offloading*

**Mark prominent areas for off-loading:**  
 (Use the spacebar and asterisks to mark)

(If you're filling this out online, use periods to move the asterisks into place like so: .....\*)



### Special Instructions

**Rush order** (adds \$20)

**BILL TO:**

**Cascade Orthopedic Supply**  
 2638 Aztec Drive • Chico, CA 95928