Custom Foot Orthotic Form
UCBL

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

Patient

Last name:

First Initial: Select a Letter ☐ Male ☐ 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.

☐ Bilateral ☐ Left only ☐ Right only QTY: **1**

(**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? ☐ *No **Standard** ☐ *Yes

Practitioner

Name: **Please change to *your* name if necessary.**

Facility:

Street address:

City: State: Zip:

Email: Phone:

Office:

☐ Copoly ☐ Polypro **Standard** 3mm provides medium-firm rigidity. Other mm: _____

Modifications

Extrinsic Post:

☐ Full Foot Medial: ☐ Left ☐ Right Lateral: ☐ Left ☐ Right **4** º **4º is Standard**

☐ Heel Medial: ☐ Left ☐ Right Lateral: ☐ Left ☐ Right Neutral: ☐ Left ☐ Right **4** º **4º is Standard**

☐ Forefoot Medial: ☐ Left ☐ Right Lateral: ☐ Left ☐ Right Neutral: ☐ Left ☐ Right **4** º **4º is Standard**

Heel Cup Depth:

☐ Short (24mm) ☐ Left ☐ Right

☐ Med. (27mm) ☐ Left ☐ Right

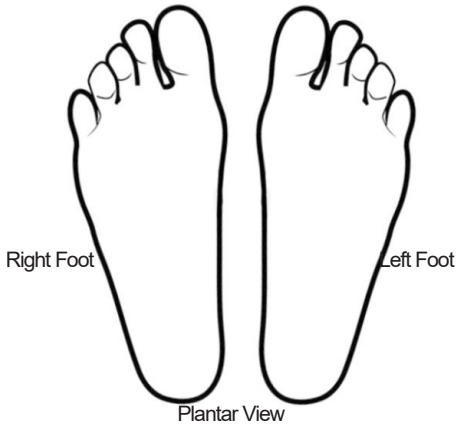
☐ Tall (30mm) ☐ Left ☐ Right **Standard**

☐ ***Please check here if you need offloading***

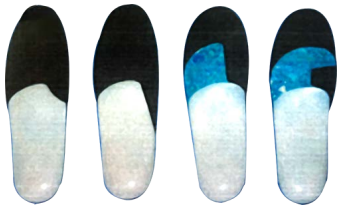
Mark prominent areas for off-loading

Type an asterisk below where there is an ulcer/wound.
Use space bar to get asterisk * to the right spot. MAX CHARACTERS IN EACH ROW CORRESPONDS TO # OF BOXES IN THE ROW. Exceeding will cause an error.

(If you are **not** filling out online there's no character max.)



Cut-Out Options



☐ A - $5
☐ B - $5
☐ C - $10
☐ D - $10
☐ A and C - $10

Top Cover Options

EVA 25 ☐ 3mm ☐ 5mm Color: Select a Color

EVA 35 ☐ 5mm

☐ Vinyl

☐ Leather ($10 add-on)

Bottom Cover Options

☐ EVA ☐ Vinyl ☐ Leather ($10 add-on)

Additional Fee Items

Metatarsal Bars: Left Right

Metatarsal Pads: Left Right

Arch Filler: Left: ☐ Soft ☐ Firm Right: ☐ Soft ☐ Firm

Special Instructions

☐ **Rush order** (adds $20)

Instructions must not exceed 760 characters. (Could cause error with online submission.)

BILL TO:

Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928