



4970 Monaco St, Unit A, Commerce City, CO 80022
 O: (303) 289-1534 | F: (303) 288-3687 | (866) 710-4880 | MHOLABS.com

Account #: _____
 Please send us:
 Rx Forms _____
 Shipping Labels _____
 Product Posters _____
 A Smile _____

Office Name: _____ Date: _____

Doctor: _____ Patient: _____ **ORTHOTIC RUSH**

Address: _____ M ___ F ___ 24 hr in-house RUSH (\$35)

_____ Age: _____ 48 hr in-house RUSH (\$25)

_____ Weight: _____ **SHIPPING**

_____ Shoe Size: _____ NEXT DAY AIR (\$40)

Phone: _____ Shoe Type: _____ 2nd DAY (\$20)

ORTHOTIC TYPE

FUNCTIONAL

- ___SF ___SR ___R
- ___ Poly Pro
- ___ Poly Pro Sport
- ___ Graphite
- ___ Thin Sport

DRESS

- ___SF ___SR ___R
- ___ Dress (m)
- ___ Dress (w)
- ___ Cobra
- ___ Graphite Dress
- ___ Thin Air
- ___ Leather Dress Slim

ACCOMMODATIVE

- ___ Flex
- ___ Flex Trilam
- ___ Altitude
- ___ Trail Blazer
- ___ Outback
- ___ Thin n Tender
- ___ Cork
- ___ Cork & Leather

SPECIALTY

- ___ Children's orthotic
- ___ Modified UCBL
- ___ Schaffer Plate
- ___ Milled Full Plate
- ___ Milled Morton's Ext

POSTING

- REARFOOT
(Var/Val)
- FOREFOOT
(Var/Val)

- | | | |
|-----------|----------|----------|
| | L | R |
| EXTRINSIC | _____ | _____ |
| INTRINSIC | _____ | _____ |
| EXTRINSIC | _____ | _____ |
| INTRINSIC | _____ | _____ |

GRINDING

- NARROW _____
- NORMAL _____
- WIDE _____

PLASTER FILL

- MINIMUM _____
- STANDARD _____
- MAXIMUM _____

_____ POST TO CAST

TOPCOVER LENGTH

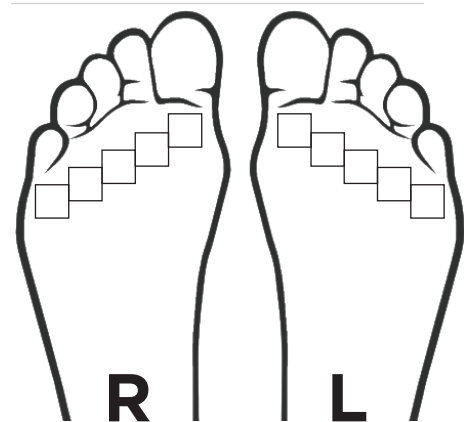
- _____ To Mets
- _____ To Sulcus
- _____ Full Length
- _____ No Cover

TOPCOVERS

- _____ SWIRL EVA (Black, Blue, Purple 1/8)
- _____ MH Perf (Black or Red 1/8)
- _____ MH Sky (Black or Blue 1/16 or 1/8)
- _____ P-Cell (plastazote replacement) (1/8 or 3/16)
- _____ Neoprene (Black or Blue 1/16 or 1/8)
- _____ Naugahyde (Black, Teal, Tan, Red)

Additions

- | | | |
|-------------------------------------|---------|---------|
| _____ HEEL LIFT _____mm | _____ L | _____ R |
| _____ DEEP HEEL CUP | _____ L | _____ R |
| _____ HEEL PAD | _____ L | _____ R |
| _____ HEEL SPUR PAD | _____ L | _____ R |
| _____ DANCER'S PAD | _____ L | _____ R |
| _____ MEDIAL HEEL SKIVE _____mm | _____ L | _____ R |
| _____ METATARSAL PAD ___S ___M ___L | _____ L | _____ R |
| _____ METATARSAL BAR | _____ L | _____ R |
| _____ MORTON'S EXT | _____ L | _____ R |
| _____ REVERSE MORTON'S EXT | _____ L | _____ R |
| _____ FASCIAL GROOVE | _____ L | _____ R |
| _____ MEDIAL FLANGE | _____ L | _____ R |



_____ Accommodate as marked

Additional Instructions: _____

