

Prescription Foot Orthoses Order Form 1-800-262-1595



Orcom Technologies Inc.

131 Tomahawk Drive, Suite 13 B, Indian Harbour Beach, FL 32937
PHONE: (321) 773-0741 • FAX: (321) 779-8045

For Lab Use Only:

Date: _____ Purchase Order #: _____
Practitioner: _____
Office: _____
Address: _____
Phone: _____

Patient: _____
Occupation: _____
Height: _____ Weight: _____ Age: _____ Sex: _____
Shoe Size: _____ Width: _____ Type: _____
Shoes Enclosed? Yes No
Label Shoes with Practitioner Name & Patient Name

Diagnosis

Lab Standard applies if selections are not made.

Functional

- TRI-LITE (Ultimate control)
- TRI-LITE SPORT (All purpose)
- TRI-LITE DRESS (Thermoplastic)
- SPUR PERFECT (Heel pain relief)
- RUNNERS EDGE (Shock absorbing liner)
- PATH FINDER (Medial flange)
- BOCA (Carbon composite)
- FLEX APPEAL (Flexible control)
- ORCOM STABILIZER (Medial and lateral flange)
Liner and/or cover not available

Accommodative

- SUN-RAY (Copolymer and durafoam)
- SOFT TOUCH (Multidensity EVA)
Use in extra depth shoes only.
- CORK (Poron Liner)
(Duralon cover)
- CUSTOM SNEAKER INSOLE

Custom Orthoses

Fabrication

SHELL THICKNESS CONTROL
 1/8 R/F: Extrinsic
 5/32 Intrinsic
 3/16 F/F: Extrinsic
 Intrinsic

HEEL CUP DEPTH
 Low Normal Deep

SHELL WIDTH
 Narrow Normal Wide

COVER LENGTH
 Met Sulcus Toes

Posting

Please call for a consultation.
Lab Standard: F/F intrinsic post
 Post to Cast
 Post as Follows:
R/F: R _____ L _____
F/F: R _____ L _____
Medial Arch Fill
 STANDARD Minimum Extra

Accommodations

- HEEL PAD or U-SHAPED PAD
 Left Right
- MET PAD
 Left Right
- BUILD UP and POCKET:

Mark Accommodations on Drawing and in Cast

LEFT



RIGHT



- 1st
- 2nd
- 3rd
- 4th
- 5th

Additional Instructions: _____

Use reverse side for additional instructions.

Covers and Liners

COVERS: Standard Duralon
 Plastazote EVA
 Other _____

CUSHION LINER: 1/16 1/8

Refurbishment

We Refurbish All Manufacturers' Orthoses
 Top Covers Complete Refurbish