Rightway CMS
custom molded shoes

Custom Orthotic

BiLL TO:
Account Name:
Address:
City: **State:** **Zip:**
Phone: **Fax:**
Practitioner Name:

SHIP TO: ☐ Same As Billing
Account Name: **PO Number:**
Address:
City: **State:** **Zip:**
Phone: **Fax:**
E-Mail:

PATIENT INFO:

PATIENT NAME Gender: Weight: Age:
Shoe Size (required): Shoe Style: ☐ Shoes Enclosed ☐ Insoles Enclosed ☐ Tracing Enclosed
Diagnosis and Principal Use*
Shoe Type* ☐ Sneaker ☐ Extra-Depth ☐ Work Boot ☐ Laced ☐ Dress ☐ Slip-On ☐ Other
Cast Type: ☐ Foam ☐ Slipper ☐ Positive Cast ☐ Scan ☐ Reorder:
No. of pairs* _____
Or Left Only: _____ / Right Only: _____

STYLE

FUNCTIONAL
- ☐ Sport (Full post)
- ☐ Sprint (Tripod post)
- ☐ Marathon (Full post w/arch fill)
- ☐ Walker Flex (Soft post and fill)
- ☐ Walker Firm (Firm post and fill)
- ☐ Dress (Intrinsic post)

ACCOMMODATIVE
- ☐ Sport Casual EVA (Softer)
- ☐ Sport Casual Cork (Firmer)
- ☐ Diabetic Comfort EVA (Softer)
- ☐ Diabetic Comfort Cork (Firmer)
- ☐ Firm Casual EVA

Tri-LAM + Base Material
- ☐ Plastazote + EVA (Softer)
- ☐ Plastazote + Cork (Firmer)
- ☐ Textured EVA + EVA (Softer)
- ☐ Textured EVA + Cork (Firmer)

☐ UCBL 30mm heel cup

Gait Plate (choose variant)
- ☐ Lateral Ext. (pt. In-toes)
- ☐ Medial Ext. (pt. Out-toes)

Other Devices
- ☐ Nylite Dress
- ☐ Glide
- ☐ Pump Slender
- ☐ Leather Lam

EXTRINSIC POSTING

		L		R	
Rearfoot	☐ Medial	____ Deg.	☐ Medial	____ Deg.	
	☐ Lateral	____ Deg.	☐ Lateral	____ Deg.	
Forefoot	☐ Medial	____ Deg.	☐ Medial	____ Deg.	
	☐ Lateral	____ Deg.	☐ Lateral	____ Deg.	

SHELL SPECS

WIDTH
- ☐ Narrow
- ☐ Standard
- ☐ Wide
- ☐ Follow contour of foot
- ☐ Follow outline provided

Drop navicular in Shell ☐ Left ☐ Right

FUNCTIONALS
- ☐ Flexible
- ☐ Semi-Rigid
- ☐ Rigid

ACCOMMODATIVE
- ☐ Shell to Toes (2-piece)
- ☐ Shell to Toes (1-piece)
- ☐ Shell to Mets Only

HEEL CUP
- ☐ Standard
  - ☐ 15mm (Functional)
  - ☐ 20mm (Accommodative)
- ☐ Extra deep 22 mm
- ☐ UCBL 30mm

TOE FILLER (MARK ON DIAGRAM)

Trans-Met Left ☐ Right ☐
Digits Only 1 2 3 4 5 1 2 3 4 5

TOP COVER FLANGE

LEFT ☐ Medial ☐ Lateral **RIGHT** ☐ Medial ☐ Lateral

ACCOMMODATIONS

	Left	Right
Met Pad	☐	☐
Sesamoid Pad (Dancer's Pad)	☐	☐
Met Bar	☐	☐
Scaphoid Pad	☐	☐
Heel "U" Pad	☐	☐
Heel Cushion	☐	☐
Heel Cut-out (PPT pad)	☐	☐

Heel Elevation Left ____ mm Right ____ mm

☐ Extra PPT Mid-layer (Full Length)

	Left	Right
Drops/Reliefs (Please mark)	☐	☐
1st Ray Cut-out (Functionals only)	☐	☐

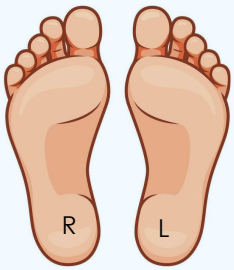
MORTON'S EXTENSIONS

	Left	Right
Flexible (Poly Pro Layer)	☐	☐
Reverse	☐	☐
Rigid	☐	☐

TOP COVER

LENGTH TO
- ☐ Mets (3/4 Length)
- ☐ Sulcus (Behind Toes)
- ☐ Toes

TOP COVER MATERIAL
- ☐ Spenco
- ☐ Plastazote
- ☐ Other_____
- ☐ Vinyl
- ☐ EVA



INSTRUCTIONS

3845 Investment Ln. Suite 3, West Palm Beach, FL 33404 TEL: (561) 840-6792 , FAX: (561) 840-6799