

Patient Name: NameDX: DXAge: Age Height: Height Weight: Weight
☐ Left ☐ Right ☐ Bilateral ☐ Symmetrical Pathology  
☐ Asymmetrical Pathology
Heel Height of Shoe:                     Company:                                     Location:                                     Contact:                                     Phone:                                     PO#:                                     Date Needed:                                     
☐ Non-Ambulatory ☐ Transfers ☐ Therapeutic ☐ Household ☐ Community ☐ High: Running / Jumping

REQUIRED FIELDS

**DF / PF  
ALIGNMENT:**  
(Required)

Left

☐ 90 ☐ -3 ☐ -5 ☐ -7 ☐ -10 ☐ Other 123

Right

☐ 90 ☐ -3 ☐ -5 ☐ -7 ☐ -10 ☐ Other 123

POSITION TO CONTROL: (Required)

L

R

☐ ☐ SUPINATION

L

R

☐ ☐ PRONATION
**HINDFOOT  
ALIGNMENT:**  
Frontal Plane  
(Required)

Inversion (Varus)

LEFT

Amount 123☐ Neutral

Eversion (Valgus)

Amount 123

Inversion (Varus)

RIGHT

Amount 123☐ Neutral

Eversion (Valgus)

Amount 123
**FOREFOOT  
ALIGNMENT:**  
Frontal Plane  
(Required)

Inversion (Varus)

LEFT

Amount 123☐ Neutral

Eversion (Valgus)

Amount 123

Inversion (Varus)

RIGHT

Amount 123☐ Neutral

Eversion (Valgus)

Amount 123**Please:**
Limit next selections to only one section.  
Select either A, or B, or C

A

☐ **INSUFFICIENT SHANK,**  
(selections reqd. in box 1)

L R

**Shank Control:**
☐ ☐ Shank controllable in Terminal Stance, (MP)  
☐ ☐ Requires Shank Control in Terminal Stance (HP)  
☐ ☐ ROM Adjustability Required, (Static Adjustable HP)

L R

**Inner Boot Style Option: (Full Height PLS Std.)**☐ ☐ SMO Inner Boot, (Not available on Static Adjustable)

B

☐ **EXCESSIVE SHANK (Crouch)**

Full Height PLS Inner Boot Standard

L R

**Shank Control:**
☐ ☐ Shank controllable in Terminal Stance, (HP)  
☐ ☐ Requires Shank Control in Terminal Stance (Transformer)  
☐ ☐ ROM Adjustability Required, (Static Adjustable)

C

☐ **FREE DORSIFLEXION**

L R

☐ ☐ Low Profile, For pronation control only  
☐ ☐ High Profile Tamarack  
☐ ☐ Mid Profile Tamarack  
☐ ☐ Stop Type: Stop Type Value  
☐ ☐ Sport Max, Mid-Profile Tam, Free motion only
**SPACER OR PAD OPTIONS, (Use for selections in A, B, or C)**

L R

Spacer ☐ ☐ Medial Ankle  
Pad ☐ ☐

L R

Spacer ☐ ☐ Navicular Only  
Pad ☐ ☐

L R

Spacer ☐ ☐ Lateral Ankle  
Pad ☐ ☐

L R

Spacer ☐ ☐ Base of 5th  
Pad ☐ ☐

L R

Spacer ☐ ☐ Medial  
Pad ☐ ☐ Ankle & Navicular

L R

☐ ☐ Base of 5th to end of  
toe, Leave-in spacer
**SPECIAL FEATURES, (Use for selections in A, B, or C)**

L R

☐ ☐ Max Control Strap

Transfer Paper:

Transfer Paper
Finished Ht.  
(reqd.)
123

Special Instructions: (Use back if Necessary)

Special Instructions
Foot Length  
(reqd.)
123