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Effective Feb 1, 2013

DATE SENT TO LAB _____

SUPER SAVER FORM

PATIENT INFORMATION

Name _____

Age Sex Wt. Shoe Size Shoe Type

Occupation Activity Level

Symptoms/Diagnosis _____

ACCOUNT INFORMATION

Practice Name / Practitioner Account No.

Address _____

City State Zip Code

Phone Number _____

PLEASE COMPLETE FOR FASTER SERVICE

Step 1. SELECT POLYPRO SHELL THICKNESS

- 1/8" Polypropylene Shell - For patients weighing up to 175 pounds
- 5/32" Polypropylene Shell - For patients weighing up to 250 pounds

Step 2. SELECT RIGID EVA POSTING - REARFOOT
 (3° post - Lab standard)

- Extrinsic Intrinsic No post
- L ___° Varus Valgus ___° Motion
- R ___° Varus Valgus ___° Motion

Step 3. SELECT 1/8" EVA TOPCOVER

- Met Heads Length - Size of Shell
- Sulcus Length - 3/4 of Full Length approx.
- Full Length - Shoe Size _____ Male___ Female__

I am sending / including:

- Cast Return? Yes No
- Bio-Foam Data file / Attachment
- Template / Insert for size Shoes (1) (2)

NOTES :

FOR LAB USE ONLY

Log # _____

Return Cast

Shoes (1) (2)