

MSI ORTHOTIC LABORATORY, LLC

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Phone: 602/793-1000 Fax: 480/755-8600

Patient's Name: _____ **Weight:** _____ **Date:** _____
Diagnosis: _____ **Shoe size:** _____

Practitioner's Name: _____
Address (if multiple offices): _____

Orthotic Plus™ Shell Material

Polypropylene: Flexible (~1/8") _____ **Semi-Rigid** (~5/32") _____ **Rigid** (~3/16") _____

Without posts: _____ (Note: Posts are standard)

Specifications for Orthotic Shell (optional)

Inverted skive technique: mild (~2mm) _____ moderate (~4mm) _____ maximum (~6mm) _____

Heel Lifts: Right: _____ mm Left: _____ mm

Cover Material (Please choose only one material and cover length.)

EVA: blue _____ black _____ blue swirl _____ black swirl _____ pink swirl _____ lavender swirl _____

P-Cell with EVA base (black P-Cell): _____

Cover length: Metatarsals: _____ Sulcus: _____ Full Length: _____

Cover extensions (extra forefoot cushioning): 1/16" _____ 1/8" _____

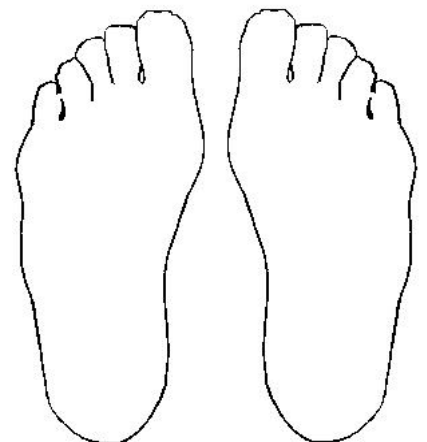
Accommodations for Orthotic Cover (optional)

Cutouts (MPJ's): Right: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Left: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Met Pads: Right: _____ Left: _____ (distal: _____)
Heel Pads: Right: _____ Left: _____
Horseshoe Pads: Right: _____ Left: _____
Morton's Extension: Right: _____ Left: _____
Reverse Morton's Extension: Right: _____ Left: _____
Dancer's Pad: Right: _____ Left: _____

Please draw any sweet spots on the foot diagram(s).

Special Instructions:



Right

Left