



M-Tech Lab, Inc.

Lab Use Only

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Phone: 888-484-9445 Fax: 317-915-7559

www.mtechlab.com

Practitioner: _____

Address: _____

Date: _____ P.O. _____

City: _____ St: _____ ZIP: _____ Patient: _____ Weight: _____

Phone: _____ Sex: _____ Age: _____ Shoe Size: _____ Shoe Style: _____

1. Select Device Style

FUNCTIONAL

- M-Tech I - milled extrinsic rearfoot post
- M-Tech II - intrinsic rearfoot post

DRESS

- FashionCad I - heels <1"; intrinsic rf post
- FashionCad II - women's flats; intrinsic rf post
- DressCad - men's; intrinsic rearfoot post
- PolyFlex Dress - men's; poron arch fill
- PolyFlex Fashion - women's; poron arch fill

SPECIALTIES

- FHL - milled extrinsic rearfoot post
- Runner - intrinsic rearfoot post
- Ultimate Sport - milled extrinsic post; EVA cushion
- VA - intrinsic rearfoot post

ATHLETIC

- M-Tech Sport - milled extrinsic rearfoot post
- SportCad - crepe extrinsic rearfoot post
- SportCadPLUS - milled post, EVA cushion

ACCOMMODATIVE

- Koosh - diabetic, balanced rearfoot
- Airtech - EVA shell, balanced rearfoot
- Softie Cushion - UCBL style Airtech, full-width diabetic device
- PolyFlex Sport - poron arch fill

CHILDREN

- Modified Whitman-Robert
- Gait Plate
 induce out-toeing induce in-toeing
- Modified UCBL

2. Specifications – Please be sure to fill out all desired fields! **If form is incomplete, devices will be made to Lab Standards**

CONTROL

- Flexible Semi-rigid Rigid

PLASTER FILL

- Heavy Normal Light None

ORTHOTIC WIDTH

- Narrow Normal Wide Midfoot

Narrowed

HEEL CUP DEPTH

- 8mm 11mm 14mm Extra Depth _____mm

FOREFOOT POSTING:

- Intrinsic Milled Extrinsic

Post to these values:

L _____ varus/valgus R _____ varus/valgus

REARFOOT POSTING:

- Intrinsic Milled Extrinsic EVA Crepe Post

Post to these values:

L _____ varus/valgus R _____ varus/valgus

Kirby Skive: 2mm 4mm 6mm

REFURBISH ORTHOTICS

Pricing varies based upon requirements

RUSH ORDER - \$25 3 DAY IN LAB SERVICE

ACCOMMODATIONS

- Metatarsal pads _____L_____R
- Morton's Extension _____L_____R
 to sulcus to distal hallux
- Reverse Morton's Extension _____L_____R
 to end of toes
- Extra Heel Cushion _____L_____R
- Heel Spur Pad (Horseshoe) _____L_____R
- Dancer's Pad _____L_____R
- Reverse Dancer's Pad _____L_____R
- Modified Dancer's Pad _____L_____R
- Heel Lift – in MM please! _____L_____R
- Scaphoid Pad _____L_____R
 1.5mm 3mm
- P-Wing _____L_____R
- Cutout metheads:
_____L_____R

SHELL ACCOMMODATIONS

- 1st Ray Cutout _____L_____R
- 1st MPJ Cutout _____L_____R
- Pocket Heel Spurs _____L_____R
- Plantar Fascia Accom _____L_____R
- Hole in Heel _____L_____R
- Rigid Morton's Extension _____L_____R
 to sulcus to distal hallux

TOPCOVER LENGTH

- Meta Sulcus Full

TOPCOVER

- No Cover R-Light
- Padded Fabric 1.5mm Spenco 1.5mm
- Padded Fabric 3mm Spenco 3mm
- Watercolor EVA Dual Layer 6mm
- Vinyl Leather

ADDITIONAL PADDING

Thickness: 1.5mm 3mm

Length: Extension Only Entire Device

NOTES/INSTRUCTIONS

3. OTHER REQUESTS

- RETURN CASTS (\$3.50)
- ORDER:
 - Order Forms (No Charge)
 - Shipping Labels (No Charge)
 - Foam Impression Boxes (\$5 Each) - Qty _____

FOR M-TECH LAB USE ONLY

In: _____

Account: _____

Plastic Thickness: _____

Orthotic Variables:

Cast Type: Splint Foam

Mold: Good Fair Poor

Posting L R

FF Intrinsic _____

FF Extrinsic _____

RF _____

Notes: _____

Grindoff L R

Elevation _____

Length _____ (s/m/l)

Heel Lift _____