☐NST ☐MPIS ☐FIT IN ☐1 ☐2 ☐3 FP _____ ☐APEX 5 ☐APEX 1 ☐KOREX ☐EVA ☐CELL ☐PZ ☐WHITE POST

Performance™
PRESCRIPTION ORTHOTIC DEVICE
performlab.com

34 George St.
Hackensack, NJ 07601
Tel:973-523-8610
Fax:973-523-3865

PATIENT DATA

Last First MI
Name
Occupation
Age Sex Height ' " **WEIGHT:**

Acct # Doctor Name: ☐ Call to Discuss

SHOE DATA

SHOE SIZE:
Width:
Heel Height:
Shoe Style:

☐ Fit Orthotics to shoes mailed

Note: Identify Shoes with Doctor and Patient Name

ACTIVE

Super Flex ◯ *VAC
Flex ◯ *VAC ☐ High Impact
Flex SL ◯ *VAC ☐ High Impact
Flex SLX ◯ ETCH ☐ High Impact

FLEXIBLE FOOT TYPE

Ortholen ◯ *VAC
Pilot MILL ☐ 2.5mm (3/32") ☐ 3mm (1/8") ☐ 4mm (5/32") ☐ 5mm (3/16")
Flexible *Rigid*
Fit** ◯ *VAC ☐ Substitute Carbon*
Flexible ◯1 ◯2 ◯3 Rigid
Interweave** ◯ *VAC
Flexible ◯1 ◯2 ◯3 Rigid

PEDIATRICS

☐ Standard ☐ Deep Draw ☐ Medial Flange ☐ Lateral Clip
Gait Ext. To Cause: ◯ Toe In ◯ Toe Out
Ortholen ◯ *VAC
Positive Stride ◯ *VAC
Pedia ◯ MILL

SHOE DEPENDENT

Heeless ◯ ETCH
Fashion Plate ETCH ◯ Women's ◯ Men's
_____ Shoe Size ☐ Sub Graphite Composite*
Esprit ETCH ◯ Women's ◯ Men's
Sub Polypro Shell ☐ STD ☐ Flex
☐ Sub Fit Material*
☐ Sub Graphite Composite*
Gaitmax ◯ ETCH
Cleat TriPost™ ◯ ETCH

RIGID FOOT TYPE

Form Flex Corrective ◯ ETCH
☐ Sub Firm White Post
☐ Sub Poly Rearfoot Post
☐ Sub Flexible Shell
Form Flex Accommodative ◯ *VAC
☐ Vac Sub PolyGel Composite*
Leather Works Mold** ◯ *VAC
◯ Plastazote ◯ Cellular Rubber ◯ Korex ◯ EVA
EVA Mold Mill ☐ Soft ☐ Medium ☐ Firm

WEIGHT DEPENDENT

*VAC ◯ 3/32" (2.5mm) ◯ 1/8" (3.0mm) ◯ 5/32" (4.0mm) ◯ 3/16" (5.0mm)

SHELL MODIFICATIONS

HEEL CUP DEPTH _____ mm
◯8 ◯10 ◯12 ◯14 ◯16 ◯18
Low *Medium* *Deep*

SHELL WIDTH
5th MPJ Thru:
☐ 1st MPJ ☐ Bisect 1st ☐ 1st IS
Wide *Medium* *Narrow*

MEDIAL ARCH HEIGHT
☐L ☐R TIGHT TO CAST
☐L ☐R LOWER ◯ 1/8 ◯ 1/4 ◯ 3/8
☐L ☐R RAISE ◯ 1/8 ◯ 1/4 ◯ 3/8

MEDIAL FLANGE ☐ SOFT
◯ L ◯ R ◯ B/L

LATERAL FLANGE
◯ L ◯ R ◯ B/L

MEDIAL HEEL SKIVE _____ mm
◯ L ◯ R ◯ B/L

PLANTAR FASCIAL GROOVE
◯ L ◯ R ◯ B/L
(Mark Cast / Use Diagram Below)

SWEET SPOT
◯ L ◯ R ◯ B/L
(Mark Cast / Use Diagram Below)

1st MET CUT OUT
◯ L ◯ R ◯ B/L

RAY CUT OUT
◯ 1st ◯ 5th
◯ L ◯ R ◯ B/L

Zotch Notch
1st Ray Channel
◯ L ◯ R ◯ B/L

REINFORCE ARCH
◯ L ◯ R ◯ B/L
◯ Standard ◯ Low Bulk

POSTING

REARFOOT POSTING
◯ Delete Post (0° Lab Std.)
◯ Intrinsic (0°Lab Std.)
◯ Half Post (0° Lab Std.)
◯ Extrinsic (0° Lab Std.)

HEEL LIFT: ☐ Right _____" ☐ Left _____" ☐ Both _____"

REARFOOT VALUES
◯ Post To Lab Std. Above
◯ Post To Table Below

FOREFOOT POSTING
☐ Intrinsic (Lab Std.)
Extrinsic Post Method
◯ Corner
◯ Bar (1-5)
◯ Forefoot Post To Sulcus*
☐ Include 1st MPJ
Propusive Wedge Cutout
FOREFOOT VALUES
◯ Post To Cast (Lab Std.)
◯ Post To Table Below

INVERT CAST L ___° R ___°	LEFT FOOT			RIGHT FOOT		
	Varus	Vertical	Valgus	Varus	Vertical	Valgus
REARFOOT	°		°	°		°
FOREFOOT	°		°	°		°

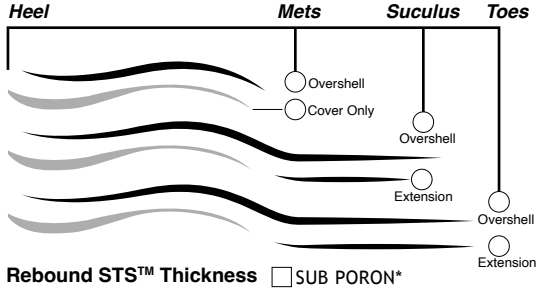
ACCOMMODATIVE PADDING

☐ SUB PORON*
☐ U-SHAPED HEEL PAD ☐ L ☐ R
☐ FIRM
☐ HEEL PAD ☐ L ☐ R
☐ MEDIAL CUT OUT
☐ HEEL SPUR HOLE ☐ L ☐ R
☐ MET PAD ☐ L ☐ R
☐ FIRM ☐ DISTAL ☐ IN SHELL
☐ MET BAR PAD ☐ L ☐ R
☐ FIRM
☐ DANCER'S PAD ☐ L ☐ R
☐ SOFT
☐ MORTON'S EXT ☐ L ☐ R
☐ REVERSE ☐ RIGID* ☐ UNDER DIGIT*
☐ SCAPHOID PAD ☐ L ☐ R
☐ CUT OUT NAVICULAR (MARK IN CAST)
☐ NEUROMA PAD
☐ *LEFT IS* ☐ *RIGHT IS*

LENGTH

SELECT ONE BOX ONLY

Rebound STS™ Options
Heel *Mets* *Suculus* *Toes*



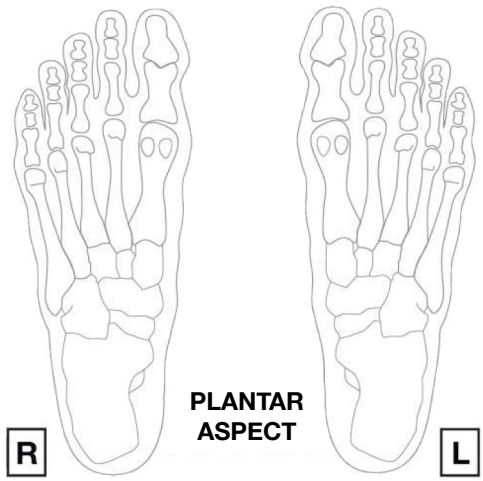
Rebound STS™ Thickness ☐ SUB PORON*
☐ 1/16" ☐ 1/8" ☐ 3/16"
(_____"overshell _____"extension)

Top Cover - (Antimicrobrial Vinyl Standard)
☐ Leather ☐ EVA Sport Cover
☐ Plastazote ☐ Cloth (Spenco Type)
☐ Perforated EVA* ☐ P - Cell*
☐ NST (Non-Skid Tip)

Rebound STS™: Orthopedic memory foam with excellent shock-absorbing capacity

DISPERSIONS

Mark Scan or Cast and Diagram Below *(Scan: Use 1/4 Felt)*



PLANTAR ASPECT

R	MPJ	L
☐	1	☐
☐	2	☐
☐	3	☐
☐	4	☐
☐	5	☐

Dispersion Type
◯ U Cut Out (lab std) ◯ Channel
◯ Negative Cut Out

Dispersion Density
◯ Firm (lab std) ◯ Soft

Dispersion Thickness
◯ 1/16 ◯ 1/8 ◯ 3/16

COMMENTS

**Upcharge Applies* ☐800 ☐900 ☐100 ☐125 ☐162 ☐180 ☐200 ☐1/16 ☐3/32 ☐1/8 ☐5/32 ☐3/16 ☐2.5 ☐3.0 ☐3.5 ☐4.0 ☐4.5 ☐5.0