



Kings Ortho Solution Inc.

1674 West 13th Street

Brooklyn, NY 11223

For office use:	
Order#	_____
Box#	_____

Account Name _____ PHONE 718.676.6306 Name _____
Address _____ FAX 347.462.9101 Phone _____

City _____ e-mail _____

State _____ Zip _____ Date _____ Please contact me on this order by phone or e-mail

Patient Name _____ Weight _____ lbs Age _____ M / F

Shoe Size _____ Shoe Type Sneaker Extra-Depth Work Boot Laced Dress Slip-On Other _____

Diagnosis _____ P.O.#: _____

Pricipal Use _____ No. of pairs: _____ Left: _____ Right: _____

ORTHOTIC TYPE

- Functional**
- SPORT**
(Ext. Polypro Post)
 - MARATHON**
(Ext. Polypro Post/EVA Arch Fill)
 - SOFT MARATHON**
(PPT Arch Reinforce)
 - RACER**
(Ext. Neoprene Post/EVA Arch Fill)
 - DRESS**
(Intrinsically Posted)

- Accomodative**
- SPORT CASUAL EVA**
(Softer)
 - SPORT CASUAL CORK**
(Firmer)
 - DIABETIC COMFORT EVA**
(Softer)
 - DIABETIC COMFORT CORK**
(Firmer)
 - BLUE 45 EVA**
 - COMFORT FLEX**
 - DIABETIC INSOLE**

- WALKER**
 FLEX or **FIRM**
(Plastazote Arch Fill) (EVA Arch Fill)
- LEATHER LAM CASUAL**
- GRAPHITE DRESS**
- PUMP SLENDER**
- UCBL**
- CONTROLLER** _____

- GAIT PLATE** **MEDIAL EXT.**
(see other size) or
- LATERAL EXT.**

SHELL SPECS

- NARROW**
- STANDARD**
- WIDE**
- FOLLOW CONTOUR OF FOOT**

- FLEXIBLE**
- SEMI-RIGID**
- RIGID**

(Please mark areas to be accommodated in cast)

<input type="checkbox"/>	Toe Crest Pad	<input type="checkbox"/>	2-4 Met Pad
<input type="checkbox"/>	Met Bar Pad	<input type="checkbox"/>	Heel Cushion
<input type="checkbox"/>	Neuroma Pad	<input type="checkbox"/>	Scaphoid Pad
<input type="checkbox"/>	Dancer's Pad	<input type="checkbox"/>	Morton Extension
<input type="checkbox"/>	Heel Spur Pad	<input type="checkbox"/>	Neuroma Plug

left right both

Deep Heel Seat Left Right B/L

Shallow Heel Seat Left Right B/L

High Medial Flange Left Right B/L

Lateral Flange Left Right B/L

Arch Reinforcement Left Right B/L

Cutout for 1st Metatarsal Head Left Right B/L

Thickness 1/16" 1/8" 3/16"

Heel Lift Left _____ Right _____

TOP COVER

Lenght to: Mets (3/4 Lenght) Sulcus (Behind Toes) Toes

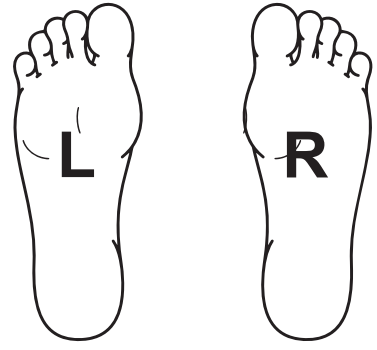
Material: Dress Vinyl Spenco

Extrinsic Posting L **Intrinsic Posting** R

Rearfoot _____ **Medial** _____ **Medial** _____
_____ **Lateral** _____ **Lateral** _____

Forefoot _____ **Medial** _____ **Medial** _____
_____ **Lateral** _____ **Lateral** _____

Diabetic Plastazote Multi Color EVA Other _____



SPECIAL INSTRUCTIONS/NOTES

Send additional order form