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ORDER BY SPECIFICATIONS

Order #:

Date Received:

Notes:

Patient: _____

Doctor: _____ Dx: _____

Date: _____ City: _____ State: _____

702 West D Street
McCook, NE 69001

Patient Info:

Symmetric Feet: Y / N Gender: M / F Weight Range: (1-119) (120-184) (185-249) (250+) Shoe Size: _____

Orthotic Specifications:

Poly Thickness

Length

Casual Sport (Polypropylene)	1.5 mm (1/16")	4mm (5/32")	Met Head	Sulcus
Dress Orthotic (Intrinsic Posting Only)	3mm (1/8")	5mm (3/16")	Full	
Performance (1/16" Polypro - EVA Archfill - Soft Top Cover)				

Size & Castwork

Modifications

Heel Cup Depth	Width	Cast	Medial Heel Skive	Shell Accomodations
10mm	Narrow	Complete Contact	2mm: R L	Medial Flange R L
14mm	Standard	Medium Contact	4mm: R L	PF Groove R L
_____	Wide	Minimal Contact	6mm: R L	Sweet Spot R L
				1st Ray Cut-out R L

Top Cover Materials

Vinyl	PPT/Poron	1.5mm	3mm
Plastizote			
Spenco/Neoprene		1.5mm	3mm
Blue Perf		1.5mm	3mm

Rearfoot Post

Type	Standard	Spot Grind
Motion	___/___	4/4 0/0
	Lab Discretion	

Forefoot Post

Type	Extrinsic	Intrinsic
Motion	___/___	4/4 0/0
	Lab Discretion	

Comfort Cell 3mm

Black	Blue	Light Blue	
Pink	Red	Tan	Camo

Special Instructions:

Plantar View:

Mark All Accomodations

- Arch Pad
- EVA Arch Fill: **Medium** **Firm**
- Heel Lift: _____mm **Taper Lift w/EVA Fill**
- Heel Pad
- Horseshoe Pad
- Metatarsal Pad
- Metatarsal Bar
- Neuroma Pad _____ Interspace
- Toe Filler



REORDER:

Must complete Rx form.

Fax to: 308-345-4155

Orthotic # _____ (from bottom of orthotic)

SPECIAL PROCESSING: (\$50 + Shipping)

RUSH - 3 days in lab with **Overnight** shipping

OR: 2nd Day to: Patient Dr.
 Ground to: Patient Dr.