



INTERNATIONAL

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FO Fabrication Form

Facility: _____ Practitioner: _____

Date: _____ Need By Date: _____ PO# _____

Patient Name: _____ Male Female Height: _____

Weight: _____ Shoe Type: _____ Shoe Size: _____

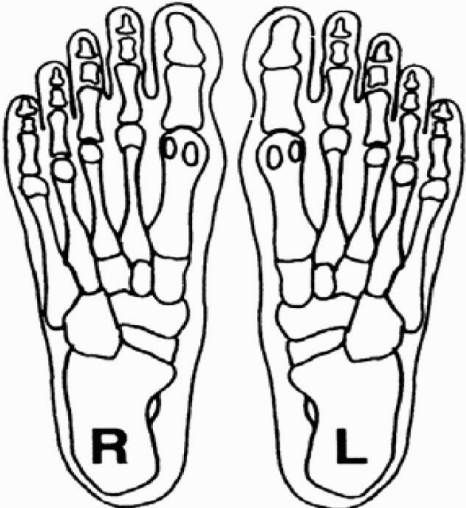
Production

Materials

Accommodations

(Note Thickness and Color Desired)

(Mark on Diagram)

Cast Modifications <input type="checkbox"/> Met Pad____ <input type="checkbox"/> Smooth total contact <input type="checkbox"/> Other _____	Base <input type="checkbox"/> ProXP II ____ <input type="checkbox"/> UCOKork ____ <input type="checkbox"/> XPE ____ <input type="checkbox"/> UCOnen 60 ____ <input type="checkbox"/> Copoly ____ <input type="checkbox"/> TPE ____ <input type="checkbox"/> Polypro ____ <input type="checkbox"/> Carboplast* _____ Other _____	Top Cover/Color <input type="checkbox"/> UCOLite ____ <input type="checkbox"/> Duolite ____ <input type="checkbox"/> Puroplast ____ <input type="checkbox"/> DuoPlaz ____ <input type="checkbox"/> Leather ____ Other _____	
Grinding: <input type="checkbox"/> Narrow <input type="checkbox"/> Normal <input type="checkbox"/> Wide	Length of Base: <input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus <input type="checkbox"/> Proximal	Length of Top: <input type="checkbox"/> Full Length <input type="checkbox"/> Sulcus <input type="checkbox"/> Proximal	
Flanges (circle): Low Mid High	Reinforcement <input type="checkbox"/> THK <input type="checkbox"/> Thermoknit Other _____		
Heel Cup (circle): Low Mid High			

Heel Posting*: <input type="checkbox"/> Medial wedge R L <input type="checkbox"/> Lateral wedge R L Thickness: 1/8" 1/4"	Forefoot Posting*: <input type="checkbox"/> Medial wedge R L <input type="checkbox"/> Lateral wedge R L Thickness: 1/8" 1/4"	Orthotic Additions: Morton's Ext. (specify material above) _____ Toe Filler * _____ Quick-Sil Soft Spot* _____
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Special Instructions: _____

*additional charge