Medical Resources Limited ☐ ML

"Perfect Stride Orthotics"

895 Home Avenue ◆ Akron, Ohio 44310◆ Phone: 800-998-4199 Fax: 800-997-9980

Bill to:	**Ship/ Deliver to:**	**Lab Use Only**
Name_____	Name_____	_____
Address_____	Address_____	_____
Other_____	Other_____	_____
City/State/Zip_____	City/State/Zip_____	
Phone_____	Phone_____	

PATIENT INFORMATION:

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1st Step:

❑ Male ❑ Female Shoe Size: _____Weight: ☐☐☐ Age: ☐☐

2nd Step:

Shoe Type:

☐ Athletic Shoe ☐ Casual Shoe ☐ Dress Shoe (Flats) ☐ Dress Shoe Other_____

3rd Step:

Shell Prescription:

☐ Rigid ☐ Semi-Rigid ☐ Semi-Flexible ☐ Flexible ☐ Multi Density Crepe ☐ Multi Density Cork

4th Step:

Flanges/ UCBL Type/ Gait Plates:

☐ Medial Flange	☐ Right	☐ Left	**SHELL MODIFICATIONS**		
☐ Lateral Flange	☐ Right	☐ Left	☐ 1ST Ray Shell Cut Outs	☐ Right	☐ Left
☐ UCBL	☐ Right	☐ Left	☐ Hole in Heel of Shell	☐ Right	☐ Left
☐ Gait Plate	☐ Right	☐ Left	*Gait Plate to Cause:*	☐ TOE IN	☐ TOE OUT

5th Step:

Posting

	RIGHT	LEFT
Forefoot:	☐Intrinsic _____	☐Intrinsic _____
	☐Extrinsic _____	☐Extrinsic _____
Rearfoot:	☐Intrinsic _____	☐Intrinsic _____
	☐Extrinsic_____	☐Extrinsic _____
Heel Lift:	☐Right _____Amt.	☐ Left _____ Amt.

Arch Fill: Soft ☐ Firm ☐ Full Posts ☐

6th Step:

Accommodations

Met Pad: ☐ Right ☐ Left
Met Bar/Raise: R 1 2 3 4 5 L 1 2 3 4 5
Heel Spur Accommodation: ☐ Right ☐ Left ☐ Pocket Only
☐ Pocket With Round Aperture Pad ☐ Pocket With Horseshoe Pad
Heel Cushion: ☐ Right ☐ Left
Arch Pad: ☐ Right ☐ Left
Pockets: **Please Mark Casts When Possible**
Pocket Position_____
Pocket Only ☐
Pocket With ☐ Aperture Pad ☐ Horseshoe Pad
Mortens Extension: ☐ Right ☐ Left ☐ PPT Plug

7th Step:

Cushioning

☐ **No Cushion** – Met length only
Cushioning Thickness: ☐1/8" ☐1/16"

Top Covers

Cover Length: ☐ Mets ☐ Sulcus ☐ Toes
Vinyl Colors:
☐Blue(Dark) ☐Blue(Sky) ☐Black ☐Gray ☐Brown ☐Bone ☐Other
Neolon (Spenco Type): ☐ 1/8" ☐ 1/16"
Microcell: ☐ 1/8" ☐1/16" ☐Additional To Cushioning ☐Solid ☐Multicolor ☐Swirl
Synthetic Suede: ☐
Diabetic Cover: ☐ (1/8" Pink Plastazote & 1/8" Poron)

Bottom Covers

(Standard on ALL M.R.L Orthotics)

☐ Microcell ☐ Synthetic Suede
Suede colors: ☐ Blue ☐ Gray ☐ Black ☐ Green ☐Tan ☐Charcoal ☐Wine ☐ Green (Light) ☐ Gold
☐ NO Bottom Covers