



ORTHOTIC LAB, LLC

Account Name _____

Ship To _____

City _____ St _____ Zip _____

PO# _____ Phone# _____

PAYMENT METHOD Check# _____ \$ _____

- MC Visa AMEX Bill card on file Bill my Nmotion Account

Name _____

Card # _____

Name on Card _____ Exp. Date _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Patient

Gender M F Age _____ Weight _____

Shoe Size _____ Shoe Style _____

Return Cast (\$5.00 with original order) Call me

Orthotic Profile <input type="checkbox"/> N-Sport <input type="checkbox"/> N-Dress Reg High <input type="checkbox"/> N-Cobra <input type="checkbox"/> N-Control (Shaffer) <input type="checkbox"/> N-Soccer / Ski <input type="checkbox"/> N-Skate / Cleats	Shell Material <input type="checkbox"/> Polypropylene 1/8 (STD) <input type="checkbox"/> Polypropylene 3/16 <input type="checkbox"/> Graphite <input type="checkbox"/> Pelite/Eva (Soft, 35) <input type="checkbox"/> Pelite/Eva (Firm, 50+) <input type="checkbox"/> Subortholene 1/8 _____	Shell Modifications <input type="checkbox"/> Left <input type="checkbox"/> Right Fill Arch <input type="checkbox"/> Left <input type="checkbox"/> Right First Met Cutout <input type="checkbox"/> Left <input type="checkbox"/> Right First Ray Cutout <input type="checkbox"/> Left <input type="checkbox"/> Right Flange Lat <input type="checkbox"/> Med <input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> Right Gait Plate In <input type="checkbox"/> Out <input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> Right Heel Spur Hole <input type="checkbox"/> Left <input type="checkbox"/> Right	Shell Width <input type="checkbox"/> Narrow (Bisect 1 st & 5 th) <input type="checkbox"/> Medium (Bisect 1 st Outside 5 th) <input type="checkbox"/> Wide (Outside 1 st & 5 th)
Post Heel <input type="checkbox"/> Lab Discretion <input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic Right: Medial _____ Lateral _____ Left: Medial _____ Lateral _____	Post Forefoot <input type="checkbox"/> Lab Discretion <input type="checkbox"/> Extrinsic <input type="checkbox"/> Intrinsic Right: Medial _____ Lateral _____ Left: Medial _____ Lateral _____	Heel Cup <input type="checkbox"/> Low (8mm) <input type="checkbox"/> Standard (12mm) <input type="checkbox"/> Deep (15mm) <input type="checkbox"/> X-Deep (18mm)	Heel Lift (enter amount) Right _____ Left _____
Cover Length <input type="checkbox"/> 3/4 Cover Shell <input type="checkbox"/> 7/8 To Sulcus <input type="checkbox"/> Full length	Top Cover <input type="checkbox"/> Vinyl <input type="checkbox"/> 1/8 Pelite/Eva <input type="checkbox"/> 1/16 Neoprene <input type="checkbox"/> 1/8 Neoprene	Cushion (Same length as cover) <input type="checkbox"/> 1/16 PPT/Poron <input type="checkbox"/> 1/8 PPT/Poron <input type="checkbox"/> 1/8 Pelite/Eva	Add Forefoot Cushion <input type="checkbox"/> 1/16 PPT/Poron <input type="checkbox"/> 1/8 PPT/Poron <input type="checkbox"/> 1/8 Pelite/Eva Dancer Pad <input type="checkbox"/> Left <input type="checkbox"/> Right
Metatarsal Pads <input type="checkbox"/> Left <input type="checkbox"/> Low 1/16 <input type="checkbox"/> Right <input type="checkbox"/> Medium 1/8 <input type="checkbox"/> Soft <input type="checkbox"/> High 3/16 <input type="checkbox"/> Firm	Met Pad Width <input type="checkbox"/> Narrow (Inside 2 & 4) <input type="checkbox"/> Medium (Bisect 2 & 4) <input type="checkbox"/> Wide (Outside 2 & 4) <input type="checkbox"/> Neuroma Pad(as marked)	Morton's Extension <input type="checkbox"/> Left <input type="checkbox"/> Right Reverse Morton's <input type="checkbox"/> Left <input type="checkbox"/> Right Tendon Relief Track <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Digit Cutout Left 1 2 3 4 5 <input type="checkbox"/> Cutout w/"U" Right 1 2 3 4 5 Navicular Relief <input type="checkbox"/> Left <input type="checkbox"/> Right	Heel Padding <input type="checkbox"/> Full 1/8" <input type="checkbox"/> Horseshoe Extend Pad Proximal to Navicular <input type="checkbox"/> Cuboid <input type="checkbox"/>

- Send Address Labels Rx forms Info on Ritchie and Arizona Braces Info on 3D Scanner Program

Add Instructions:

Physician's Signature Required: _____ Date: ____/____/____

Thanks for going Nmotion. 3407 N. Broadway, Knoxville, TN 37917 1-865-765-5650
1-888-424-8832 Fax: 1865-688-1188 info@nmotion.tv

