

ORDER FORM

D&M ORTHOTIC LAB

1364 County Road 1700 N • Cazenovia, IL 61545 • (309) 443-5220

**Specializing in Sports-Orthotics
and Rohadur Root Functional Orthotics**

Sports Orthotics

Casting: Neutral _____
Partial Wt. Bearing _____

Posting: Forefoot Varus ° _____
Forefoot Valgus ° _____
Rearfoot ° _____
Neutral Shell (No Posting) _____

Rohadur Functional

Casting: Neutral _____
Partial Wt. Bearing _____

Posting: Forefoot Varus ° _____
Forefoot Valgus ° _____
Rearfoot ° _____
Neutral Shell (No Posting) _____

Materials

**Rohadur – Sobortholene – Polypropylene - Graphite (TL-61)
(2.0 mm) (3.0 mm) (4.0 mm) (5.0 mm)**

Posting Accomplished Utilizing Intrinsic Method

Recommended Average Heel Cup Depth - Male Adult and Children 12 MM - Female Adult 10 MM _____ Other _____

Recommended Posting Elevation - Male Adult and Children 4 MM - Female Adult 8 MM _____ Other _____

If no measurements are listed, orthotics will be balanced and posted according to the positive models.

Please Check.

Please Print Below

Patient's Name _____ Age _____

Weight _____ Occupation _____ Sex _____

Doctor's Name _____ Telephone _____

Special Instructions: _____

- Please store my positive casts for six months
- Please return my positive casts and charge to my office.

LAB USE ONLY		
Cast Number	Date Received	Date Returned