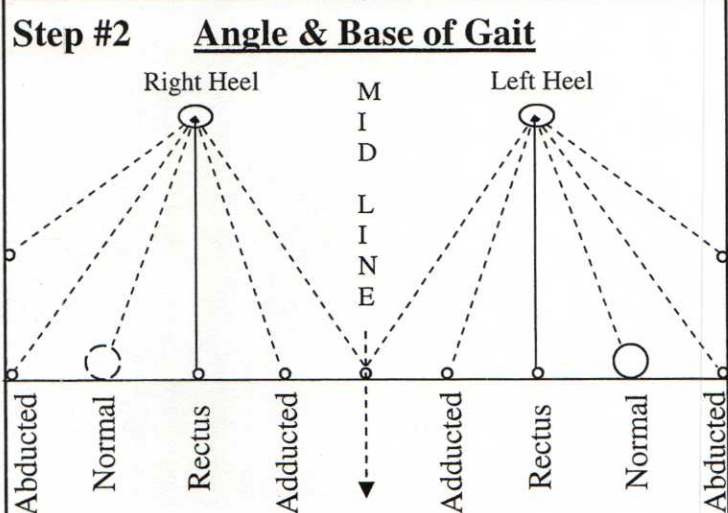
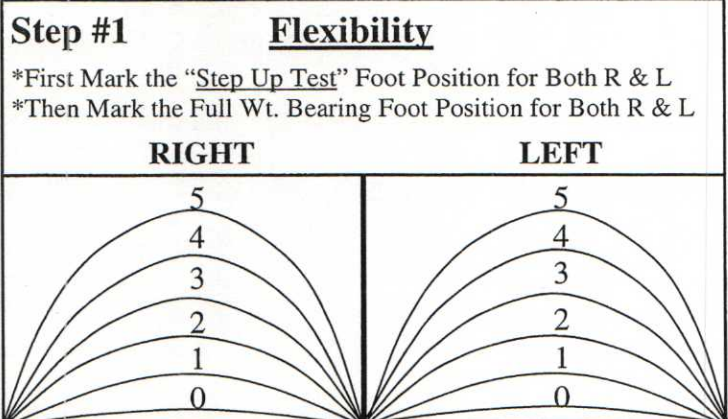


Patient Name: _____
 Doctor / Practice: _____
 Casted By: _____
 Patient Weight: _____

Date Casted: _____
 Requested Date: _____
 PO or Pt. ID #: _____
 Lab Rush (\$20.00 Rush Charge) X-Press Mail (\$25.00 Postage)



(Please Do Not Write In This Box)
 Lab #: _____



Step #3 Significant Ankle Valgus? Yes / No
 Describe: _____

Step #4 Gross Asymmetry? Yes / No
 Describe: (especially if different R to L): _____

Step #5 Any Prominent Bones? Yes / No
 Describe: _____

Step #5b If Yes, Bones Reducible? Yes / No / N/A
 Describe: _____

Additional Notes: _____

Step #6 Shoe Gear (Pick Only One Shoe Type)
 Sneaker / Tennis Shoe **Default**
 Lace Up Dress Shoe
 Slip On or "Flats" Dress Shoe
 Woman's High Heel 1" 1.5"
 Other: Describe: _____

Step #7 Removable Insole? Yes / No
 (If Yes - Please Trace on Back of Form!)

Step #8 Top Cover Length
 Full Length **Default**
 Sulcus or 3/4 Length
 Met Head or Shell Length

Step #9 Top Cover Material (Pick Only One Combo)
 Blue Perf Black Perf Red Perf
 Black Swirl Blue Swirl
 1/8th 1/16th

Spenco (Neoprene) 1/8th 1/16th
 Bamboo (Neoprene) 1/8th 1/16th
 1/8th Spenco over 1/16th Poron
 Black Vinyl (1.5 mm) (shell or sulcus only)

Step #10 Additional Modifications
 Heel Lift in Inches R: _____ L: _____
 Full Heel Pads (bilateral only)
 Fore Foot Extension (bilateral only)
 To Sulcus (must have for cut out)
 Cutout: (Describe Location But Best if Marked in Cast): _____
 Other: _____

Please Mail All Casting Boxes and Invoices to:
 8300 Ulmerton Road - Suite 100 - Largo, FL 33771
 (727) - 215 - 5040 • www.iconorthotics.com
 Fax Second orders to : 727-216-6396