



M-Tech Lab, Inc. Website: www.mtechlab.com

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Call Toll Free 1-888-484-9445

M-TECH
LAB USE
ONLY

Fax: 1-317-915-7559

Doctor: _____

Date: _____

Address: _____

Patient: _____

City: _____ St: _____ Zip: _____

Sex : _____ Age: _____ Weight: _____

Phone: _____

Shoe Size: _____ Shoe Style: _____

1. SELECT DEVICE STYLE

FUNCTIONAL

- M-Tech I - milled extrinsic rearfoot post
- M-Tech II - intrinsic rearfoot post

DRESS

- FashionCad I - heels <1"; intrinsic rf post
- FashionCad II - women's flats; intrinsic rf post
- DressCad - men's; intrinsic rearfoot post

SPECIALTIES

- FHL - milled extrinsic rearfoot post
- Runner - intrinsic rearfoot post
- Ultimate Sport - milled post, EVA cushion

ATHLETIC

- M-Tech Sport - milled rearfoot post
- SportCad - crepe extrinsic rearfoot post
- SportCadPLUS - milled post, EVA cushion
- PolyFlex Sport - poron arch fill

ACCOMMODATIVE

- Koosh - diabetic; eva balanced rearfoot

CHILDREN'S

- Modified Whitman-Robert
 - Gait Plate
- _____ induce in-toeing _____ induce out-toeing

NOTE: If form is incomplete, devices will be manufactured according to lab standards

2. MODIFICATIONS

CONTROL

- Flexible Semi-rigid Rigid

PLASTER FILL

- Heavy Normal Light None

ACCOMMODATIONS

- Metatarsal pads _____L _____R
- Morton's Extension _____L _____R
 - to sulcus to distal hallux
- Extra heel cushion _____L _____R
- Heel spur pad (horseshoe) _____L _____R
- Dancer's pad _____L _____R
- Reverse dancer's pad _____L _____R
- Modified dancer's pad _____L _____R
- Heel Lift - **in MM please!** _____L _____R

ORTHOTIC WIDTH

- Narrow Normal Wide
- Midfoot Narrowed

HEEL CUP DEPTH

- 8mm 11mm 14mm
- Extra Depth _____mm

FOREFOOT ACCOMMODATIONS

- Cutout metheads _____L _____R

SHELL ACCOMMODATIONS

- 1st ray cutout _____L _____R
- 1st MPJ cutout _____L _____R
- Pocket Heel Spurs _____L _____R
- Plantar Fascia Accom. _____L _____R
- Hole in Heel _____L _____R

TOPCOVER LENGTH

- Meta Sulcus Full

TOPCOVER

- No Cover R-Light
- Padded fabric Spenco
- Watercolor EVA Leather
- Dual layer plastizote/poron
- Vinyl - mark below if padding is desired

Add'l padding: choose thickness:

- 1.5mm 3mm

and select length: extension entire device

3. POSTING

FOREFOOT

- Intrinsic Extrinsic
- Post to these values:
L _____ varus / valgus R _____ varus / valgus

REARFOOT

Lab Standards 4°/4

- Intrinsic Extrinsic
- Post to these values:
L _____ varus / valgus R _____ varus / valgus
- Milled extrinsic post EVA crepe post

Kirby Skive 2mm 4mm 6mm

4. OTHER

- Return casts (\$3.50)
- Please send:
 - Order forms - No Charge
 - Boxes - No Charge
 - Shipping labels - No Charge
 - Foam impression boxes _____ @ \$5.00 ea.

REFURBISH ORTHOTICS

- pricing varies depending upon requirements

5. NOTES / INSTRUCTIONS

In: _____

Account: _____

PT: _____

Orthotic Variables: _____

FOR M-TECH LAB USE ONLY

Cast Type: Splint Foam
 Mold: Good Fair Poor

Posting Amounts:

FF Post L R
 Intrinsic _____
 Extrinsic: _____
 RF Post L R
 Amount: _____

Notes: _____

Grindoff: _____ L R
 Elevation: _____
 Length: _____ (S/M/L)
 Heel Depth: _____ mm
 Heel Lift: mm _____