



HiTek Fab
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Custom Foot Orthotic Form EVA with Toe Filler

Patient	Last name:		
	First Initial:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	P. ID.	Date cast:	Weight:
	If you are doing a 2nd order, add "-2" to the patient ID, and "-3" for 3rd order, and so on.		
	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left only	<input type="checkbox"/> Right only
	QTY:		
	(FO sold Individually. Select 2 if you want a pair, 4 for 2 pair, etc.)		
	Size & Width: Bilateral:	Shoe Style:	

Please check here if you need offloading

Mark prominent areas for off-loading

Type an asterisk below where there is an ulcer/wound.
 Use space bar to get asterisk * to the right spot. MAX CHARACTERS IN EACH ROW
 CORRESPONDS TO # OF BOXES IN THE ROW. Exceeding will cause an error.

(If you are not filling out online there's no character max.)



Fit Orthotic to Shoe

REQUIRED: Fab Will Fit? No *Yes
 Standard

Practitioner	Name:	Please change to your name if necessary.		
	Facility:			
	Street address:			
	City:	State:	Zip:	
	Email:	Phone:		
	Office:			

Material Specifications

- * CAD 35 Typical K2 up to 210 lbs.
- * Combi CAD 2 Typical K2 up to 230 lbs.
- * Combi CAD 3 Typical K2 up to 275 lbs.
- * Combi CAD 4 Typical K2 over 275 lbs.

Toe Filler.

(Please specify which toes amputated in Special Instructions.)

Left:

1 2 3 4 5

Right:

1 2 3 4 5

Modifications

Cup Depth:	FO Thickness:
<input type="checkbox"/> Short (16mm)	8mm is Standard Other: _____ mm
<input type="checkbox"/> Med (22mm)	
<input type="checkbox"/> Tall (30mm) Standard	

Additional Fee Items

A YUfUgU'6 Ufg: <input type="checkbox"/> Left <input type="checkbox"/> Right	Post:	Medial:	Lateral:
Metatarsal Pads <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right _____ ° 4 ° is Standard
	<input type="checkbox"/> Heel	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right _____ ° 4 ° is Standard
<input type="checkbox"/> Heel Lift: _____ mm	<input type="checkbox"/> Forefoot	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right _____ ° 4 ° is Standard

Special Instructions

Rush order (adds \$20)

Instructions must not exceed 760 characters. (Could cause error with online submission.)