



HiTek Fab
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Custom Foot Orthotic Form EVA

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.

Modifications

Cup Depth: Short (16mm) Med (22mm) Tall (30mm) **Standard**

FO Thickness: **8mm is Standard** Other: _____ mm

Additional Fee Items

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