



HiTek Fab
 222 Turner Blvd, St. Peters, MO 63376
 ph (636) 385-6370 www.HiTekFab.com

HiTek Branded Custom Semi-Rigid Foot Orthotic

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:	

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:			

Modifications

Extrinsic Post:

Medial: Heel Left Right Lateral: Left Right °
4° is Standard

Medial: Forefoot Left Right Lateral: Left Right °
4° is Standard

Arch Fill:

Standard

Rigid

Custom Accommodative Inserts

In compliance with Federal guideline, for any custom inserts reorders, please submit a new foam impression, casts, or foot scan.

Please check here if you need offloading

Mark prominent areas for off-loading:

(Use the spacebar and asterisks to mark)

(If you're filling this out online, use periods to move the asterisks into place like so:*)



Special Instructions

Rush order (adds \$20)