



**BILL TO:**  
**Cascade Orthopedic Supply**  
 2638 Aztec Drive • Chico, CA 95928

**QUALITY INNOVATION EDUCATION**  
 WWW.LANGERBIOMECHANICS.COM

**CUSTOM ORTHOTIC RX FORM**

Account # \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Practitioner Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/St/Zip/Postal Code \_\_\_\_\_  
 Recast from previous order  
 Serial # \_\_\_\_\_  
 5-Day Rush - (\$25 Fee)

**LAB USE ONLY**  
 Serial # \_\_\_\_\_  
 Opened By \_\_\_\_\_ Incoming Postage \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Patient's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/St/Zip/Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Sex  M  F Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Shoe Size \_\_\_\_\_  
 PUMP  Flat  Low heel  High heel  
 LACED  Low volume interior  High volume interior  
 Athletic  Safety boots  Other \_\_\_\_\_

This is a prepaid order  
 Check enclosed Check# \_\_\_\_\_  Money order enclosed Check# \_\_\_\_\_  
 Charge to:  Mastercard  VISA  AmEx  Discover # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Protect® Program Serial # \_\_\_\_\_ Repair Outgrow Loss **\*\*Attach copy of patient's Protect Agreement\*\***

**SPORTHOTICS**

ALLSPORT (To metatarsals)  MARATHONER (To sulcus)  HEALTHFLEX® (To toes)  SOCCER (To sulcus)  
 ALLSPORT FLEXIBLE (To metatarsals)  SPRINTER (To toes)  BASKETBALL (To toes)

**FASHION DEVICES**

SLIMTHOTICS® (To sulcus)  
 Extension width 1st to 3rd metatarsal heads  
 Extension width 1st to 5th metatarsal heads  
 Full width forefoot shell 1st to 5th metatarsal heads with 1/16" PPT® extension  
 DESIGNLINE® (To sulcus)  
 SUPERFORM STYLOTIC® (To sulcus)

**CONTROLLING/FUNCTIONAL DEVICES**

LYTE FIT® (To metatarsals)  U.C.B.L. (To metatarsals)  
 HEEL FIT® Firm (to toes)  D.S.I.S. (To metatarsals)  
 HEEL FIT® Flexible (to toes)

**ACCOMMODATIVE DEVICES**

BLUELINE (To sulcus)  
 Available fillers  Foam (soft)  EVA (medium)  Thermocork (firm)  
 RUNNER'S MOULD (To sulcus)  
 LEATHER MOULD (To sulcus)  
 Available fillers  Foam (soft)  EVA (medium)  Thermocork (firm)

**THERACARE DEVICES**

SOFT (To toes)  FIRM (To toes)

For Canadian Customers ship to:  
 160 Markland Street  
 Markham, ON L6C 0C6  
 T: 877.644.4344  
 F: 866.538.9472

For U.S Customers ship to:  
 Purolator – Langer Northbound Consolidation  
 C/O Orthotic Holdings  
 25801 Northline Com Dr.  
 Taylor, MI 48180



