

Ortho-Rite



INCORPORATED

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FOR LAB USE ONLY

ACCOUNT #

LOG #

SI

SO

INV.

THE STABILIZER

OFFICE NAME _____ DATE _____

DOCTOR _____ PHONE # _____

ADDRESS _____

PATIENT NAME _____ SEX _____ AGE _____ WEIGHT _____

SHOE SIZE _____ TYPE WORN _____ OCCUPATION _____

DIAGNOSIS AND _____

OBSERVATIONS _____

CAST TAKEN _____ NON WEIGHT BEARING _____ SEMI WEIGHT BEARING _____ WEIGHT BEARING _____

BRACE

☐ RIGHT ☐ LEFT ☐ BILATERAL

POST SPECIFICATIONS

REARFOOT

- ☐ EXTRINSIC ☐ INTRINSIC
☐ Post according to lab evaluation
☐ 0 degrees ☐ 3 degrees ☐ 5 degrees

FOREFOOT EXTRINSIC

- ☐ Post according to lab evaluation
☐ 0 degrees ☐ 3 degrees ☐ 5 degrees

HEEL CUP DEPTH

- ☐ 10 mm ☐ 15 mm ☐ 35 mm (standard)

REQUIRED MEASUREMENTS

- A) Width of Forefoot at the Metatarsal Heads
inches _____
B) Width of Ankle Joint at the Widest Point
inches _____
C) Circumference above the ankle
inches _____
D) Circumference at 3" above the ankle
inches _____

LAB CAST CORRECTION FEE*

*To avoid additional charges, we suggest casts be
taken with the ankle at 90°

Neutral and the Foot in Subtalar Neutral

Special Instructions _____

NO CHARGE OPTIONS

- ☐ REPLACE STANDARD TOP COVER WITH:
☐ 3/16" PPT PLASTAZOTE ☐ 1/8" SPENCO
☐ 3/16" MULTI-COLOR MEDIUM DENSITY
EVA TOP COVER
☐ ADD FIRST RAY CUT OUT

FOR AN ADDITIONAL CHARGE

- ☐ PPT ARCH FILL
☐ TEMPORARY 90 DEGREE ANKLE LOCK
☐ ADDITIONAL MEDIAL/LATERAL INTERFACE PADS
☐ PPT GEL COLD THERAPY INSERTS

STANDARD SPECIFICATIONS

- CUSTOM MOLDED POLYPROPYLENE FOOT ORTHOSES
- FREE MOTION ANKLE JOINT ATTACHED TO A UNIQUE POLYPROPYLENE INTEGRATED ON PIECE CALF DESIGN
- 35 MM DEEP HEEL CUP
- REMOVABLE MEDICAL AND LATERAL INTERFACE PAD
- BALANCED BIODYNAMIC FOREFOOT AND REARFOOT SYSTEM
- STANDARD MET LENGTH SHELL WITH COMPRESSIBLE POST TO SULCUS
- VELCRO® CLOSURE
- PPT® ULTRALUX® PADDED TOP COVER TO SULCUS

