



MILE HIGH ORTHOTICS LAB
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Account #: _____
 Please send us:
 Rx Forms _____
 Shipping Labels _____
 Shipping Boxes _____
 A Smile _____

OFFICE NAME _____ DATE _____

DOCTOR _____ PATIENT _____ **ORTHOTIC RUSH**
 ADDRESS _____ M _____ F _____ 24 hr in house RUSH (\$35.00)
 _____ AGE _____ 48 hr in house RUSH (\$25.00)
 _____ WEIGHT _____
 _____ SHOE SIZE _____ **SHIPPING**
 PHONE _____ SHOE TYPE _____ NEXT DAY AIR (\$40.00)
 _____ 2ND DAY (\$20.00)

ORTHOTIC TYPE

FUNCTIONAL	DRESS	ACCOMMODATIVE	CHILDRENS
<input type="checkbox"/> SF <input type="checkbox"/> SR <input type="checkbox"/> R <input type="checkbox"/> Poly Pro <input type="checkbox"/> Poly Pro Sport <input type="checkbox"/> Graphite <input type="checkbox"/> MH Thin sport	<input type="checkbox"/> SF <input type="checkbox"/> SR <input type="checkbox"/> R <input type="checkbox"/> MH Dress (m) <input type="checkbox"/> MH Dress (w) <input type="checkbox"/> Cobra <input type="checkbox"/> Graphite Dress <input type="checkbox"/> MH Thin Air <input type="checkbox"/> DBX6 Slim Graphite	<input type="checkbox"/> MH Flex <input type="checkbox"/> Trail Blazer <input type="checkbox"/> MH Altitude <input type="checkbox"/> Outback <input type="checkbox"/> Thin n Tender <input type="checkbox"/> Corky	<input type="checkbox"/> Childrens orthotic <input type="checkbox"/> Modified UCBL <input type="checkbox"/> Pre Fab UCBL <input type="checkbox"/> Pre Fab Turf Toe

POSTING

		L	R
REARFOOT	EXTRINSIC	_____	_____
(Var/Val)	INTRINSIC	_____	_____
FOREFOOT	EXTRINSIC	_____	_____
(Var/Val)	INTRINSIC	_____	_____
_____ POST TO CAST			

GRINDING

_____ NARROW
 _____ NORMAL
 _____ WIDE

PLASTER FILL

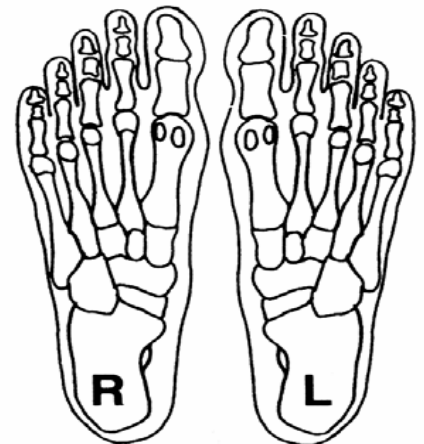
_____ MINIMUM
 _____ STANDARD
 _____ MAXIMUM

TOPCOVER LENGTH

_____ To Mets
 _____ To Sulcus
 _____ Full Length
 _____ No Cover

TOPCOVERS

_____ Swirl EVA (Black, Blue, Purple)
 _____ MH Perf 1/16 or 1/8 (Black or Red)
 _____ MH Sky (Black or Blue 1/16 or 1/8)
 _____ P-Cell (plastazote replacement) (1/8 or 3/16)
 _____ Neoprene (Black or Blue)
 _____ Naugahyde (black, Teal, Tan, Red)



_____ Accommodate as marked

ADDITIONS

_____ HEEL LIFT _____mm L R
 _____ DEEP HEEL CUP L R
 _____ HEEL PAD L R
 _____ HEEL SPUR PAD L R
 _____ DANCER'S PAD L R
 _____ MEDIAL HEEL SKIVE L R
 _____ METATARSAL PAD ___S___M___L ... L R
 _____ METATARSAL BAR L R
 _____ MORTON'S EXT L R
 _____ REVERSE MORTON'S EXT L R
 _____ FASCIAL GROOVE L R
 _____ MEDIAL FLANGEL R

ADDITIONAL INSTRUCTIONS _____

