



REAR DOCK DOOR
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For lab use only.

Doctor: _____ Patient Last: _____ Patient First: _____

Address: _____ Age: _____ Sex: _____ Weight: _____ Shoe size: _____

City: _____ Province: _____ Phone: _____ Fax: _____

Diagnosis: _____ Cast Date: _____

ORTHOTIC DEVICES * See reverse for orthotic descriptions.

	Top Cover Length	Sulcus	Full Length
	3/4		
Shock		<input type="checkbox"/>	<input type="checkbox"/>
Soft		<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCBL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual Ultra Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Diabetic		<input type="checkbox"/>	<input type="checkbox"/>
Dress Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSTING INSTRUCTIONS Lab Discretion

Rearfoot RF Extrinsic Heel Lift

L _____ R _____ L _____ mm R _____ mm (Max. 10 mm)

EXAMINATION FINDINGS

Arch Profile Non-weight bearing	Arch Profile Weight bearing	Pronation <input type="checkbox"/>
High <input type="checkbox"/> L <input type="checkbox"/> R	High <input type="checkbox"/> L <input type="checkbox"/> R	Mild <input type="checkbox"/> L <input type="checkbox"/> R
Med <input type="checkbox"/> L <input type="checkbox"/> R	Med <input type="checkbox"/> L <input type="checkbox"/> R	Moderate <input type="checkbox"/> L <input type="checkbox"/> R
Low <input type="checkbox"/> L <input type="checkbox"/> R	Low <input type="checkbox"/> L <input type="checkbox"/> R	Severe <input type="checkbox"/> L <input type="checkbox"/> R
Gait Attitude		Supination <input type="checkbox"/>
<input type="checkbox"/> In-toe (adducted) <input type="checkbox"/> Straight <input type="checkbox"/> Out-toe (abducted)		Mild <input type="checkbox"/> L <input type="checkbox"/> R
		Moderate <input type="checkbox"/> L <input type="checkbox"/> R
		Severe <input type="checkbox"/> L <input type="checkbox"/> R



SPECIALTY DEVICES

	3/4	Sulcus	Full Length
UCBL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Induce toe In
 Induce toe Out

ACCOMODATIONS

	R	L
First Ray Cut-out	<input type="checkbox"/>	<input type="checkbox"/>
First Met Cut-out	<input type="checkbox"/>	<input type="checkbox"/>
Arch Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Spur Pad	<input type="checkbox"/>	<input type="checkbox"/>
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>
Met Pad	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Flange	<input type="checkbox"/>	<input type="checkbox"/>
Medial Flange	<input type="checkbox"/>	<input type="checkbox"/>
Arch Fill - Soft	<input type="checkbox"/>	<input type="checkbox"/>
Arch Fill - Firm	<input type="checkbox"/>	<input type="checkbox"/>
Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Morton's	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Hole	<input type="checkbox"/>	<input type="checkbox"/>

ALTERNATE SHELL MATERIAL

White Polypropylene 2 mm
 White Polypropylene 3 mm
 Carbon Flex 2 mm

SPECIFIC TOP COVER REQUEST

Blue ETC 1/8"
 Black ETC 1/8"
 Vinyl 1/16"
 Vinyl 1/8"
 Star Suede 1/16" Black
 Star Suede 1/8" Blue
 Ultrahyde 1/16"
 Ultrahyde 1/8"
 Suede - \$15.00
 Leather - \$20.00
 Neoprene - \$10.00

Extra Foam Padding - Full Length

1/8" 1/16"

UNDERLAY

Full Length Forefoot Only

Right

Left

SUPPLIES

Order Forms
 Footwear Catalog
 Shipping Labels

Bio Foam (See current price list)

6 Pack 25 Pack 50 Pack

SPECIAL INSTRUCTIONS

SHOE SELECTION

Shoe: _____
 Size: _____ Color: _____
 Width: _____ with orthotic Shoe only
 Online Order # : _____

SHOE SELECTION

Shoe: _____
 Size: _____ Color: _____
 Width: _____ with orthotic Shoe only
 Online Order # : _____

SHOE SELECTION

Shoe: _____
 Size: _____ Color: _____
 Width: _____ with orthotic Shoe only
 Online Order # : _____

Lab Copy (Keep bottom copy for records)

Orthotics

Shock

Device designed to provide high levels of control with design features allowing maximum shock absorption. Best suited for casual, workplace and active footwear which allow depth for device.

- High control level
- Semi rigid poly pro shell with arch fill
- Full length puff top covering with nyplex bottom cover

Soft

Trilaminar shell, designed to provide soft cushioning and enhanced support. Ideal device for sensitive clients who require gentle support. Full fitting casual footwear suggested. Not recommended for dress or athletic footwear due to bulk and design.

Youth

Orthotics constructed utilizing a semi-flexible shell design to provide motion control and comfort for children. Suited for athletic footwear and casual day to day youth footwear.

- Carbon Flex
- Sport ETC top covering

UCBL

Specialty device for children and adults with flexible flat feet requiring maximum control and correction. Rigid device with medial and lateral phlanges and comfort eva top covering.

- RCH or polypro shell design
- Raised medial and lateral phlanges
- Puff top covering

Sport Flex

Designed to meet the needs of active clients requiring motion control, and shock absorption. This is an ideal device for athletic activities and workplace footwear for individuals who perform long periods of standing or walking.

- 2mm carbon shell
- Poron arch fill
- Sport ETC top cover
- Nyplex bottom covering

All Sport

Specifically constructed to meet the needs of patients who require increased motion control in a lightweight resilient device. Fits most athletic footwear types.

- 2mm or 3mm poly pro shell
- Full length sport etc coverings

Casual Ultra Flex

Orthotics designed for patients who require support and flexibility in their day to day activities. Fits most shoes with the exception of narrow dress style footwear. An excellent product for clients who require one pair of orthotics for use in both athletic or casual footwear.

- 2mm or 3mm carbon flex shell
- Full length supreme etc covering

Dress Flex

For Him, or Her, low profile device for use in slip on or lace dress shoes, designed to promote enhanced biomechanical control with reduced bulk.

- 2mm carbon shell
- 1/16 starsuede top covering
- Narrow orthotic grind

Pump Flex

Sleek low profile orthotic allowing mild biomechanical control for use in women's high heel shoes.

- Carbon shell
- Narrow tapered grind design
- 1/16 starsuede top covering

Active Diabetic

For the diabetic patient who's primary fitness activity is walking. Ideal device for the type 2 patient who requires stability, support and palliation during their daily activities.

- 2mm carbon flex shell
- Poron arch fill
- Poron 1/8 and plastizote top covering

Sandal / Shoe Sizing

Adult - Naot, Finn Comfort Youth - Geox

WOMEN'S		MEN'S		YOUTH	
Euro	CAN/USA	Euro	CAN/USA	Euro	CAN/USA
35	4	40	7	27	10
36	5	41	8	28	10.5
37	6	42	9	29	11
38	7	43	10	30	12
39	8	44	11	31	13
40	9	45	12	32	1
41	10	46	13	33	2
42	11	47	14	34	3
				35	3.5
				36	4
				37	5
				38	5.5
				39	6

Sandal / Shoe Sizing

Adult - Mephisto

WOMEN'S		WOMEN'S	
Euro	CAN/USA	Euro	CAN/USA
34	4	34	4
35	5	35	5
36	6	36	6
37	7	37	7
38	8	38	8
39	9	39	9
40	10	40	10
41	11	41	11
42	12	42	12

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