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# FOOT ORTHOSIS WORK ORDER

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

PO: \_\_\_\_\_

Standard Fabrication  
 5-7 Business Days

- (Please allow time for shipping)
- 2 Day Rush: 30% charge
  - 3 Day Rush: 20% charge
  - 4 Day Rush: 10% charge

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: Male Female Number of Pairs: \_\_\_\_\_ Side: Left Right Bilateral Shoe Size: \_\_\_\_\_

**Foot Orthotic Type**

- Toe Filler
- Partial Foot
- FO – Functional
- FO – Tri-lam
- FO – Bi-lam

**Modifications to Foam**

**Forefoot:**

L R

- Flat/Neutral
- As is MH Trough (1/16)
- As is MH Trough (1/8)
- As is MH Trough (3/16)
- Intrinsic Wedge (M-L) Per Impression
- MH Relief 1 2 3 4 5

**Hind Foot:**

- As is
- Other: \_\_\_\_\_

**Arch:**

- As is
- Other: \_\_\_\_\_

**Modifications to Model**

**Arch:**

L R

- As is
- Increase by \_\_\_\_\_

Match \_\_\_\_\_ to \_\_\_\_\_

**Metatarsal Pad:**

Mild (2-3 mm)	S	M	L
Moderate (5-6 mm)	S	M	L
Aggressive (7-8 mm)	S	M	L

**Select Material**

L R

PPT Heel Pad 1/8 1/4 3/8

**First Layer**

P-Cell	1/8	1/4		
Puff	1/4	1/2	Full	MH
Cork	1/4	1/2	Full	MH
Crepe	1/4	1/2	Full	MH
EFM	1/4		Full	MH
DM Tri-lam Thin Plastazote				
DM Tri-lam Thick Plastazote				
Other:	_____			

**Second Layer**

P-Cell	1/8	1/4		
Puff	1/4	1/2	Full	MH
Cork	1/4	1/2	Full	MH
Crepe	1/4	1/2	Full	MH
EFM	1/4		Full	MH
Other:	_____			

**Third Layer**

P-Cell	1/8	1/4		
Puff	1/4	1/2	Full	MH
Cork	1/4	1/2	Full	MH
Crepe	1/4	1/2	Full	MH
EFM	1/4		Full	MH
Other:	_____			

**Alignment**

Neutral Hind Foot				
Neutral Forefoot				
Medial Forefoot Wedge Intrinsic	1/8	5/32	3/16	1/4
Lateral Forefoot Wedge Intrinsic	1/8	5/32	3/16	1/4
Medial Wedge Full Length Extrinsic	1/8	5/32	3/16	1/4
Lateral Wedge Full Length Extrinsic	1/8	5/32	3/16	1/4
Heel Lift				
Other:	_____			

ADDITIONAL INFORMATION: