YANKE BIONICS
PROSTHETIC AND ORTHOTIC PATIENT CARE

CENTRAL FABRICATION SERVICES

CUSTOM FOOT ORTHOTICS LAB ORDER FORM

yankebionics.com/cfab | 330-352-0963

ACCOUNT & BILLING

ACCOUNT / PRACTICE NAME

BILL TO

SHIP TO

PATIENT INFORMATION

PATIENT NAME

AGE

DIAGNOSIS / ICD-10

HT

WT

SHOE SIZE

QTY

☐ Pairs ☐ Right ☐ Left ☐ Bilateral

SUBMISSION TYPE

☐ Anodyne Scan ☐ COMB Scan ☐ Impression ☐ Duplicate from Previous Scan

FOOT ORTHOTIC TYPE

☐ Standard (Str.) ☐ Moderate (Mod.) ☐ Mild

☐ Plastozote ☐ Custom Shell ☐ Other

MODIFICATIONS

☐ Metatarsal Arch
☐ Metatarsal Relief — L
☐ Metatarsal Relief — R
☐ Toe Relief — L: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
☐ Toe Relief — R: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
☐ Base of 5th Relief
☐ Navicular Relief
☐ Pronation / Valgus Design
☐ Supination / Varus Design

ADD-ONS

☐ Morton Extension
☐ 1/8" Poron Forefoot Pad
☐ Leather Top Cover — BEIGE
☐ Spenco Top Cover — BLACK
☐ Foot Plate Contour
☐ Custom Top Cover

HEEL ELEVATION

☐ L — 1/8" ☐ L — 1/4" ☐ L — 3/8" ☐ L — 1/2"

☐ R — 1/8" ☐ R — 1/4" ☐ R — 3/8" ☐ R — 1/2"

FOREFOOT ELEVATION

☐ L — 1/8" ☐ L — 1/4" ☐ L — 3/8" ☐ L — 1/2"

☐ R — 1/8" ☐ R — 1/4" ☐ R — 3/8" ☐ R — 1/2"

POSTING

FOREFOOT POST — L

FOREFOOT POST — R

HINDFOOT POST — L

HINDFOOT POST — R

MEASUREMENTS

HEEL WIDTH

ARCH LENGTH

BALL WIDTH

FOOT LENGTH

TOE BOX DEPTH

ADDITIONAL NOTES / SPECIAL INSTRUCTIONS