



REAR DOCK DOOR  
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Doctor: \_\_\_\_\_ Patient Last: \_\_\_\_\_ Patient First: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Cast Date: \_\_\_\_\_

ORTHOTIC DEVICES	Top Cover Length		
	3/4	Sulcus	Full Length
Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input type="checkbox"/>	<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"/>	<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"/>
Flex Lite	<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**

<b>Arch Profile</b> Non-weight bearing	<b>Arch Profile</b> Weight bearing	<b>Pronation</b> <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
<b>Gait Attitude</b>	<input type="checkbox"/> Straight	<b>Supination</b> <input type="checkbox"/>
<input type="checkbox"/> In-toe (adducted)	<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



LOW PROFILE SERIES	3/4	Sulcus	Full Length	Hybrid
All Sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
- Kinetic Wedge	<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"/>
Arch Strip	<input type="checkbox"/>	<input type="checkbox"/>

**ALTERNATE SHELL MATERIAL**

White Polypropylene 2 mm  
 White Polypropylene 3 mm  
 Carbon Flex 1 mm  
 Carbon Flex 2 mm  
 Carbon Flex 3 mm

**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"  
 Leather - \$20.00  
 Neoprene - \$10.00  
 Microcell  
 Diabetic  
 XS Spenco 1/8"

**Low Profile Shell Materials**

Ultra Flex  Rigid  
 Semi-Rigid

**Bio Foam** ( See current price list )

6 Pack  25 Pack  50 Pack

**Extra Foam Padding - Full Length**

1/8"  1/16"

**UNDERLAY**

Full Length  Forefoot Only



**SPECIALTY DEVICES**  UCBL  Gait Plate  Induce toe In  Induce toe Out  3/4  Sulcus  Full Length

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

<b>SHOE SELECTION</b>	<b>SHOE SELECTION</b>	<b>SHOE SELECTION</b>
Shoe: _____	Shoe: _____	Shoe: _____
Size: _____ Color: _____	Size: _____ Color: _____	Size: _____ Color: _____
Width: _____ <input type="checkbox"/> with orthotic <input type="checkbox"/> Shoe only	Width: _____ <input type="checkbox"/> with orthotic <input type="checkbox"/> Shoe only	Width: _____ <input type="checkbox"/> with orthotic <input type="checkbox"/> Shoe only
Online Order # : _____	Online Order # : _____	Online Order # : _____

# 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.

- 2mm Poly shell
- Soft arch fill
- Full length puff top covering
- Full length grey 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.

- 1/16 Ultra Hyde top covering
- Trilaminar shell

## 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
- Puff 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 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
- Blue ETC top covering
- Grey 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 poly pro shell
- Full length blue ETC top covering

## 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 carbon flex shell
- Full length black ETC top 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
- Grey bottom covering

## Sandal / Shoe Sizing

ADULT - Naot, Finn Comfort, Birkenstocks 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

For all updated information and product descriptions, see updated information on the website.

