

Please send casts/orders to:

2905 Veterans Memorial Hwy Ronkonkoma, NY 11779
Phone #: 800.645.5520 | Fax #: 800.419.0772

Visit us at www.langerbiomechanics.com

Account # _____ P.O. #: _____
Account Name _____
Practitioner Name _____
Phone _____ Fax _____
Email _____
Street Address _____
City/St/Zip/Postal Code _____
 Recast from previous order Return cast to clinician
Serial # _____
 Custom copy authorization 3-Day Rush - (Add'l Fee)

LAB USE ONLY

Serial # _____
Opened By _____ Incoming Postage _____
Date Received _____

Patient's Name _____
Street Address _____
City/St/Zip/Postal Code _____
Telephone () _____
Sex M F Age _____ Height _____ Weight _____
Shoe Size _____
PUMP Flat Low heel High heel
LACED Low volume interior High volume interior
 Athletic Safety boots
 Other _____

Protect® Program Serial # _____ Repair Outgrow Loss (surcharge enclosed) Bill account for surcharge



Shell Material:

High-density Polyethylene (HDPE)
Polyolefin plastic, semi-rigid



Superform®
Composite material made of glass and carbon fibers in a polypropylene matrix, semi-flexible, semi-rigid



Rearfoot Control:

Moderate Control *Equivalent to 2-5° Rearfoot Varus*
 Aggressive Control *Equivalent to 6+° Rearfoot Varus*

Description

- Semi-rigid shell
- Moderate-Aggressive rearfoot control
- Moderate shock absorption
- For patients requiring moderate pronation control in normal ambulation

Features

- Patent pending* DynaFlange™ Rearfoot Posting
- Heel seat depth: 3/8"

Default Covering

- Topcover: BambooLon (1/16")
- Bottomcover: Black Suede

- **Not recommended for patients weighing over 250 lbs.**
- **Should ONLY be used for normal ambulation**

EXAMINATION FINDINGS

1st Ray Position

- R Plantarflexed (1st ray cut out) L
 R Normal L
 R Dorsiflexed L

General Foot Motions

- R Restricted L
 R Average L
 R Loose L

Location of Corns/Calluses

Foot Appearance (non-weight bearing)

- R High arch L
 R Medium arch L
 R Low arch L

Ankle Dorsiflexion

- R Adequate L
 R Limited L

Subtalar Joint Motion

- R Restricted L
 R Average L
 R Loose L

Forefoot

- ___° Varus ___° Valgus
 ___° Valgus ___° Varus

Hallux Dorsiflexion

- R Rigid L
 R Semi-Rigid L
 R Normal L

Limb Length Differences

Right limb shorter by _____mm/in
 Left limb shorter by _____mm/in

R _____ L _____

Foot Appearance (weight bearing)

- R High arch L
 R Medium arch L
 R Low arch L

Knee Position

- Genu Varum Norm Genu Valgum

Gait Pattern

- In Toe Norm Out Toe

- R ___° Subtalar Inversion L ___°
 R ___° Subtalar Eversion L ___°
 R ___° Subtalar Neutral L ___°
 R ___° Rested Calcaneal Stance L ___°

Tibial Varus

R ___° L ___°

Payment Information

This is a prepaid order

Check enclosed Check# _____

Money order enclosed Check# _____

Charge to: Mastercard VISA AmEx Discover

Expiration Date _____ Signature _____

FOREFOOT POSTING VALUES

RIGHT LEFT

___° Varus ___° Varus
 ___° Valgus ___° Valgus

Intrinsic Extrinsic

Any forefoot post over 5° will be split intrinsic and extrinsic.

- Tip Post 1-5 Post Bar
 Compressible forefoot post to sulcus
 2-5 Bar post with 1st ray cut out

*Select control values on other side

SPECIAL COVERING REQUESTS

- Medium Density EVA (1/8" only)
 Ucolite 1/8" 1/16"
 Blue Black
 Glove leather
 Black Tan
- Perforated glove leather
 Suede bottom cover
 Jazz Blue Black Caramel
 Suede top cover
 Jazz Blue Black Caramel

SHELL MODIFICATIONS

- Deep Heel Seat R L
 Lateral Flange R L
 Medial Flange R L
 Lateral Clip R L
 Morton's ext to shell R L
 1st Ray Cut Out R L
 Kinetic Wedge R L

PADDED TOPCOVERS

Cover From Heel To

Mets Sulcus Toes











Thickness

1/8" 1/16"

Materials

PPT® PLASTAZOTE®
 PPT®/PLASTAZOTE® (3/16" ONLY)

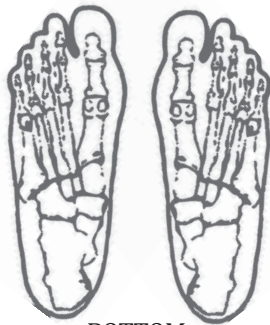
SPECIAL PADDINGS/ACCOMMODATIONS

- | | Right | Left | | Right | Left | | |
|----------------------|--------------------------|--------------------------|---|---------------------------------|--------------------------|--------------------------|---|
| Heel spur pad | <input type="checkbox"/> | <input type="checkbox"/> |  | Neuroma pad | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Heel cushion | <input type="checkbox"/> | <input type="checkbox"/> |  | 3rd interspace unless specified | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2-4 Met pad | <input type="checkbox"/> | <input type="checkbox"/> |  | Neuroma plug Interspace | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Met bar pad | <input type="checkbox"/> | <input type="checkbox"/> |  | Dancer's pad | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Toe crest pad | <input type="checkbox"/> | <input type="checkbox"/> |  | Scaphoid pad | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Magnetic heel insert | <input type="checkbox"/> | <input type="checkbox"/> | | Morton's ext. | <input type="checkbox"/> | <input type="checkbox"/> |  |

Balance pad (Right) please circle
 1 2 3 4 5 (or mark on diagram)

Balance pad (Left) please circle
 1 2 3 4 5 (or mark on diagram)

Plantar View



Right BOTTOM Left

PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations.

DIAGNOSIS/CHIEF COMPLAINT/SPECIAL INSTRUCTIONS

I would like a Professional Account Representative (P.A.R.) to call me.
