



VoxMold
Specialty
Other/Detail: _____ _____

Date: _____
Clinic: _____
Clinician: _____
Patient: _____
Age: _____ Gender: _____ Weight: _____ Height: _____
<input type="checkbox"/> Dress <input type="checkbox"/> Casual <input type="checkbox"/> Sport <input type="checkbox"/> Boot Size: _____

Rush Order
Office Use Only
O# _____
S# _____
DI: _____
C: _____

Use for Additional Informations

Posting Instructions		
	LEFT	RIGHT
Post		
REARFOOT	LEFT	RIGHT
<input type="checkbox"/> Intrinsic _____		_____
<input type="checkbox"/> Extrinsic _____		_____
HEEL RAISE LT _____ (mm) RT _____ (mm)		
MIDFOOT	LEFT	RIGHT
Arch Aggressiveness		
FOREFOOT	LEFT	RIGHT
<input type="checkbox"/> Intrinsic _____		_____
<input type="checkbox"/> Extrinsic _____		_____
Post to	LEFT	RIGHT

Top Covers
Thickness _____
Length _____
Type _____
<input type="checkbox"/> Other _____

Midlayers*
Thickness _____
Length _____
Type _____
<input type="checkbox"/> Other _____

Integrated Bottom
Thickness _____
Length _____
Cutouts _____
<input type="checkbox"/> Other _____

Additions			
	2-4 Met Pads		Met Bars
	Neuroma Pads		Heel Cushions*
	Heel Spur Pads*		Scaphoid Pads*
	2-5 Extensions		Morton's Extensions
	FHL Accomodations*		Intrinsic Heel Cushions*

Shell Modifications		
	LEFT	RIGHT
Heel Cups		
Clips		
Flanges		
Met Grind Outs		
Width		
Ext. Arch Fill		
Underskive		

* additional cost applies

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