



**M-Tech Lab, Inc. Website: www.mtechlab.com**

8653 Bash Street - Indianapolis, IN 46256

**Call Toll Free 1-888-484-9445**

FOR M-TECH  
LAB USE  
ONLY

**Fax: 1-317-915-7559**

Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex : \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Shoe Style: \_\_\_\_\_

**1. SELECT DEVICE STYLE**

**FUNCTIONAL**

- M-Tech I - milled extrinsic rearfoot post
- M-Tech II - intrinsic rearfoot post

**DRESS**

- FashionCad I - heels <1"; intrinsic rf post
- FashionCad II - women's flats; intrinsic rf post
- DressCad - men's; intrinsic rearfoot post

**ATHLETIC**

- M-Tech Sport - milled extrinsic rearfoot post
- Runner - intrinsic rearfoot post

**ACCOMMODATIVE**

- Airtech - solid EVA shell

**POLYFLEX SERIES**

- PolyFlex Fashion - poron arch fill, women
- PolyFlex Dress - poron arch fill, men
- PolyFlex Sport - poron arch fill - athletic shoe style

**NOTE: If form is incomplete, devices will be manufactured according to lab standards**

**2. MODIFICATIONS**

**ACCOMMODATIONS**

- Metatarsal pads \_\_\_\_\_ L \_\_\_\_\_ R
- Extra heel cushion \_\_\_\_\_ L \_\_\_\_\_ R
- Heel spur pad (horseshoe) \_\_\_\_\_ L \_\_\_\_\_ R
- Heel Lift - **in MM please!** \_\_\_\_\_ L \_\_\_\_\_ R
- Delete firstmet cutout \_\_\_\_\_ L \_\_\_\_\_ R

**HEEL CUP DEPTH**

- 8mm  11mm  14mm
- Extra Depth \_\_\_\_\_ mm

**TOPCOVER LENGTH**

- Meta  Sulcus  Full

**TOPCOVER**

- Padded fabric
- Spenco  1.5mm  3mm
- Watercolor EVA
- Vinyl

**Add'l padding:** choose thickness:

- 1.5mm  3mm

and select length:  extension  entire device

**ATTENTION:**

If you want the custom orthotics to have Met pads, you must check the box under ACCOMMODATIONS. Met pads are not included unless specifically requested!

**3. OTHER**

**4. NOTES / INSTRUCTIONS**

- Return casts (\$3.50)

Please send:

- Order forms - No Charge
- Boxes - No Charge
- Shipping labels - No Charge

**REFURBISH**

- pricing varies depending upon requirements



**RUSH ORDER**  
\$25 - 3 day in lab service

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In: \_\_\_\_\_

Account: \_\_\_\_\_

PT: \_\_\_\_\_

Orthotic Variables:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cast Type:  Splint  Foam  
Mold:  Good  Fair  Poor

Posting Amounts:

FF Post	_____ L	_____ R
Intrinsic	_____	_____
Extrinsic:	_____	_____
RF Post	_____ L	_____ R
Amount:	_____	_____

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grindoff: \_\_\_\_\_ L \_\_\_\_\_ R

Elevation: \_\_\_\_\_

Length: \_\_\_\_\_ (S/M/L)

Heel Depth: \_\_\_\_\_ mm

Heel Lift: mm \_\_\_\_\_