



LEADING EDGE ORTHOTICS LABORATORIES

Local: 647-494-0488

Toll Free: 1-855-LEO-LAB1(536-5221)

Fax: 1-855-LEO-LAB2(536-5222)

www.leolab.ca

Complete All Fields Clearly

CLINIC INFORMATION

ACCOUNT #

NAME

PHONE

FAX

PATIENT INFORMATION

LAST NAME

FIRST NAME

WEIGHT

AGE

SHOE SIZE

☐ YOUTH

☐ MALE

☐ FEMALE

ORTHOTIC TYPE

Universal ☐ Flexible ☐ Semi-Flex ☐ Rigid ☐
Dress ☐ ☐ Slim ☐
Sport ☐
Diabetic ☐
UCBL ☐
Soft (EVA) ☐

SHELL MODIFICATIONS

 Heel Cup Depth (Default Standard)
☐ Shallow <10mm ☐ Standard 10-14 mm ☐ Deep >16mm
 Medial Flange (Shell) ☐ L ☐ R
Soft (Topcover) ☐ L ☐ R
 Lateral Flange (Shell) ☐ L ☐ R
Soft (Topcover) ☐ L ☐ R
 1st Ray Cutout ☐ L ☐ R
 1st Met Cutout ☐ L ☐ R
 Heel Hole ☐ L ☐ R

ORTHOTIC ADDITIONS & MODIFICATION

 Metatarsal Pads ☐ Full Profile ☐ L ☐ R
 MetAccom Pads ☐ Low Profile ☐ L ☐ R
Submetatarsal Pads L ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Accom. Cutout R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Morton's Ext ☐ Soft ☐ EVA ☐ Rigid(Shell) ☐ L ☐ R
 Reverse Morton's Ext ☐ L ☐ R
 Archfill ☐ Soft ☐ Firm ☐ L ☐ R
 Heel Cushion ☐ 1/8 ☐ 1/16 ☐ L ☐ R
 Heel Spur Pad ☐ L ☐ R
 Skid Plate ☐ L ☐ R

POSTING (All Shells Intrinsic Posting to Neutral)

L R
Rearfoot Varus ____ Varus ____
Extrinsic Valgus ____ Valgus ____
Neutral ☐ Neutral ☐

L R
Heel Lift ____ mm ____ mm

Forefoot Varus ____ Varus ____
Extrinsic Valgus ____ Valgus ____

TOPCOVERS

Length ☐ 3/4 ☐ Sulcus ☐ Full
Material
Vinyl ☐ 1/8 ☐ 1/16
Black ETC ☐ 1/8 ☐ 1/16
Blue ETC ☐ 1/8 ☐ 1/16
Black Suede ☐ 1/16
Neoprene ☐ 1/8
Diabetic ☐
Microcell ☐ Black ☐ Blu/Grn ☐ Pnk/Purp

SIZING CONVERSION

Men M7 M8 M9 M10 M11 M12 M13 M14 M15
Women W4 W5 W6 W7 W8 W9 W10 W11
European 35 36 37 38 39 40 41 42 43 44 45 46 47 48

NOTES

Mark Painful Areas



Plantar View

SHIP TO: 2160 Highway 7, Unit 26, Concord, ON, L4K1W6

Complete prescription form and copy for records