



PENGUIN ORTHOTICS 2-352 Wilson St. E., Ancaster ON, L9G 2C2

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Doctor:	Patient:		
	Date:		Due date:
	Approx. weight:		Age:
			Quantity:

PRINTED SHELL	TPU Soft Medium Hard	LENGTH Short Long Web	HEEL CUP 12 mm 15 mm 20 mm	HEEL LIFT (printed) Right Left _____ mm	POSTING Post to calcaneal vertical Neutral (as they sit)
	STYLE Sport Dress Cobra	SHOE SIZE <input type="text"/>	SHOE WIDTH <input type="text"/>		REARFOOT: Intrinsic Extrinsic Left _____ ° VR VLG Right _____ ° VR VLG
ADDITIONS (PRINTED)	ADDITIONS (PRINTED)		ADDITIONS (PRINTED)		FOREFOOT: Intrinsic Extrinsic Left _____ ° VR VLG Right _____ ° VR VLG
	ADDITIONS (PRINTED)		ADDITIONS (PRINTED)		FLANGES Right Medial Lateral Left Medial Lateral
ADDITIONS (ADDED)	ADDITIONS (ADDED)		ADDITIONS (ADDED)		SANDAL
	ADDITIONS (ADDED)		ADDITIONS (ADDED)		DIABETIC
CUSHION	CUSHION		CUSHION		SHORTCUTS
	CUSHION		CUSHION		
TOP COVER	TOP COVER		TOP COVER		
TOP COVER		TOP COVER			

Other notes/instructions:

DIAGNOSIS: