



Nimco Footwear Design

Model Name: _____
 Ref #: _____
 Color Combi#: _____

ORT™ Replica™: Provide photos, material choices and all relevant information.

Date: _____
 Clinic: _____
 Clinician: _____
 Patient: _____
 Age: _____ Weight: _____ Height: _____ Gender: _____

For Office Use Only
 O#: _____
 S#: _____
 DI: _____
 C: _____

LEFT

1. _____ cm
2. _____ cm
- 2A. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm
11. _____ cm
12. _____ cm
13. _____ cm
14. _____ cm
15. _____ cm

RIGHT

1. _____ cm
2. _____ cm
- 2A. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm
11. _____ cm
12. _____ cm
13. _____ cm
14. _____ cm
15. _____ cm

1. Foot Length/Last Length (from Pedigraph)
2. Met. Joint Circumference
- 2A. Waist Circumference
3. Cone Circumference
4. Instep Circumference
5. Ankle Circumference
6. Met. Width (from Pedigraph)
7. 12cm From Ground
8. 14cm From Ground
9. 16cm From Ground
10. 18cm From Ground
11. 20cm From Ground
12. 22cm From Ground
13. 24cm From Ground
14. 26cm From Ground
15. ____cm From Ground

Last Type

MCO
 CNC
 Biotech Evaluation

Outsole Additions

Sole Tread Aggressiveness	Left	Right	Bilateral
<input type="checkbox"/> Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medial (default)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rocker Sole	Left	Right	Bilateral
<input type="checkbox"/> Early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Normal (default)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sole Additions	Left	Right
<input type="checkbox"/> External Lift	_____(mm)	_____(mm)
<input type="checkbox"/> External Wedge	____°Varus/Valgus	____°Varus/Valgus
<input type="checkbox"/> External Flare	____°Varus/Valgus	____°Varus/Valgus

Closure Modifications & Additions

Default	Left	Right	Bilateral
<input type="checkbox"/> Laces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Velcro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With:

<input type="checkbox"/> Medial Lace Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lateral Lace Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medial Quarter Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lateral Quarter Zipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Order Can Not Be Completed Without the Mandatory Items:

<input type="checkbox"/> Photo of Bilateral Pedigraph (with measurement)	<input type="checkbox"/> All Measurements Needed Listed Below
<input type="checkbox"/> Bilateral Weight Bearing Photos	<input type="checkbox"/> Orthotic Order Information
<input type="checkbox"/> Bilateral Nimco App Non-Weightbearing Scans	<input type="checkbox"/> As Needed – See Attached Notes

Footwear Height (from ground up)

Default Nimco Style Height
 Other: _____cm

Heel Counter Stiffener Options

	Left	Right	Bilateral
<input type="checkbox"/> Default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Counterfort #:	_____	_____	_____

Foot Orthotics

Provide Order Form:

Biotech use attached workorder
 Nimco (CNC Only)
 Customer will Supply

Notes: _____

Use for Additional Information

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