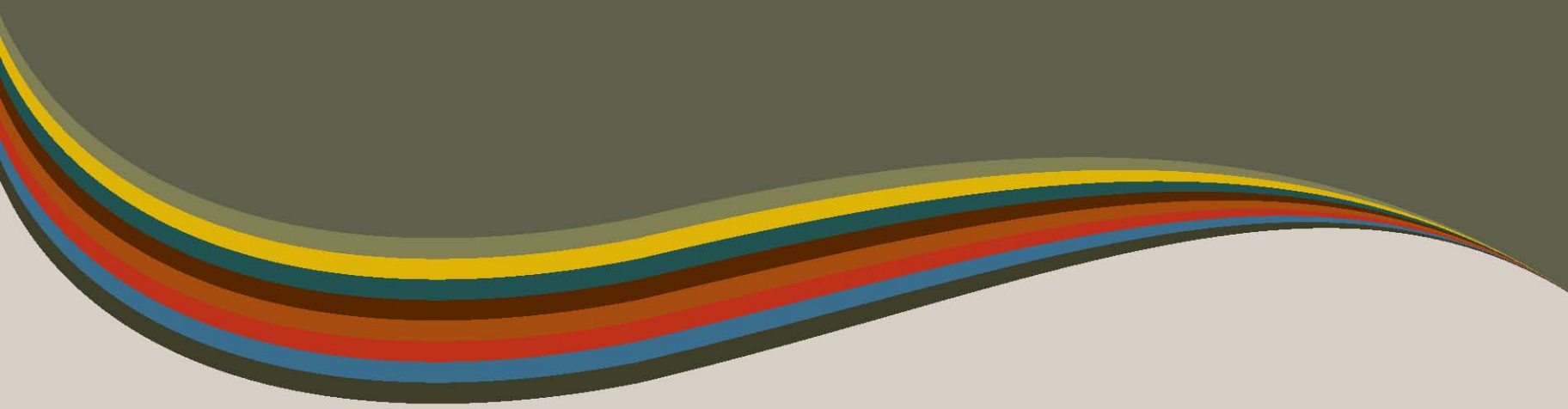
form follows function



Allied OSI Labs

welcome

WELCOME TO ALLIED OSI LABS, ONE OF THE INDUSTRY'S LEADING MANUFACTURERS OF CUSTOM FOOT ORTHOSES.

Since our founding in 1978, it has been our philosophy to consistently provide professionals like you with superior products and services. We are pleased that a great deal of our growth has been the result of voluntary referrals from satisfied customers. They have told us that we not only provide superior products, but that our pricing is very competitive and that our service is outstanding. The lab has been very fortunate to serve some of the most respected orthotic professionals of our time. Because of their faith in our capabilities, these professionals ask us to manufacture devices they have designed and allow us to put their name on them. We are proud to serve these world-renowned physicians, who serve world-class athletes.

COMPANY PROFILE

ALLIED OSI LABS...

EXCELLENCE EARNED BY SERVING THE BEST

Our CAD/CAM system is the heart of our manufacturing process. The Sharp Shape Automated Orthotic Manufacturing System (AOMS), developed by Dr. Alex Shang, has turned the art of traditional plaster expansion into an exact science. The system is capable of receiving data from a scan of the foot or a negative cast. And, using 3-D laser technology, AOMS creates an extremely accurate image of the foot. In addition, we are able to duplicate previous orders, and adjustments to the casts are very accurate. With the AOMS system, you get exactly what you order.

Because of our efficient production procedures, we are able to deliver competitively priced products with in-house turnaround in a mere five to seven business days.

The foundation of the lab is a very experienced and knowledgeable workforce. The lab's technicians average more than seven years of tenure with the company.

Maintaining a high level of technical expertise is critical to the business. To assure this critical level, Allied OSI Labs follows an in-depth training and cross-training process. The quality of Allied OSI Labs' products attests to the success of this program.

Allied OSI Labs is the co-founder of the Prescription Foot Orthotic Laboratory Association. The lab is a corporate sponsor of the American Academy of Podiatric Practice Management, Podiatry Institute, and supports the Fund for Podiatric Medical Education.

PRODUCTS

Allied OSI Labs manufactures a large variety of custom foot orthoses. We offer free inbound shipping, free consultations and a 90-day free adjustment period on all Plus Line orthoses, making satisfying your patients virtually effortless. In addition, we offer Footlights®, an economy line of custom orthoses, as well as specialty devices such as the Blake Inverted, the Mueller TPD and the Braver Ballet. Allied OSI Labs distributes the full line of Richie Braces® and the Cluffy Wedge®

In addition to the industry's finest orthoses, Allied OSI Labs offers:

- Free inbound shipping, including boxes
- Free second-day air service to customers unable to receive normal ground service
- Free consultations
- Free preprinted order form labels with customer account information
- Online order tracking and bill payment
- Outgrowth plans for children 18 and under
- Lifetime warranty against breakage on adult orthoses, and one year on childrens devices
- 90-day free adjustments on Plus line
- Customer "quirk" files that contain all special ordering instructions

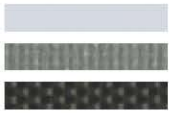
OUR LAB TECHNICIANS TAKE GREAT PRIDE IN APPLYING THEIR KNOWLEDGE AND SKILLS TO PRODUCE THE INDUSTRY'S FINEST ORTHOSES. AS ONE 29-YEAR EMPLOYEE SAID, "I LOVE MY JOB, BECAUSE I'M HELPING PEOPLE."

hybrid

The Hybrid orthotic can easily fit into any treatment plan as a functional or athletic device by providing control or correction for foot or gait abnormalities. This product is offered with rigid or semi-rigid options in TL 2100®, TL Silver® or orthopedic grade polypropylene shell materials. Through these options, the Hybrid can be used for patients with varying activities and diagnoses as well as a variety of shoe styles. The Hybrid can be prescribed as a functional device in the treatment of plantar fasciitis, heel spur syndrome, forefoot varus or valgus and generalized foot pain. When prescribed as an athletic device, it can be used in the treatment of lateral ankle instability, shin splints and prevention of tibial stress fractures.

HYBRID

MATERIALS: 1/8" or 3/16" orthopedic-grade polypropylene, semi-rigid or rigid TL Silver®, or semi-rigid or rigid TL 2100®, with a metatarsal-length vinyl top cover.



POSTING: Intrinsic forefoot post and extrinsic crepe rearfoot post.

functional

Functional foot orthoses provide control or correction for foot or gait abnormalities. Functional devices are commonly made from rigid materials that offer the most control. There are a few devices made with a more flexible shell for patients who cannot tolerate rigid devices. Some diagnoses that can be treated with functional devices are: plantar fasciitis, heel spur syndrome, forefoot varus or valgus and generalized foot pain.

POLYFLEX

MATERIALS: Orthopedic-grade 3/16" white polypropylene without top cover.

POSTING: Intrinsic forefoot post and polypropylene integrated rearfoot post thermoformed into orthosis.

MUELLER TPD

MATERIALS: 3mm HMW polyethylene pocketed at navicular tuberosity with plastizote padding and an Ultraleather® top cover.

POSTING: Intrinsic forefoot post, extrinsic forefoot tip post and extrinsic crepe rearfoot post.

BLAKE INVERTED

MATERIALS: Orthopedic-grade 3/16" polypropylene with a metatarsal-length Ultraleather® top cover.

POSTING: Standard 25 degree inverted intrinsic posting for moderate pronators and 35 degree inverted for severe pronators. For varus canting use 5 degree post to 1 degree foot correction, i.e., 7 degree varus canting, ask for 35 degree intrinsic inverted cast correction. Rearfoot posting is standard with crepe.

diabetic

Diabetic and accommodative devices are indicated for patients who are unable to tolerate the correction of a functional device. The focus of diabetic and accommodative devices is to allow for certain foot deformities rather than to correct or control these deformities. As a rule, these devices are ordered with a semi-flexible shell, which will provide some support without rigidity. Some diabetic and accommodative devices are simply soft molds. Accommodations such as pockets, cut outs or various pads can be incorporated. Diabetic and accommodative devices are indicated for several diagnoses such as: planter fasciitis, heel spurs, metatarsalgia, diabetes, cavus foot and generalized foot and leg fatigue.

DIABETIC SOFT

MATERIALS: EVA foam shell, full-length Poron®/plastazote top cover, EVA bottom cover.

POSTING: Intrinsic forefoot post, extrinsic Poron® rearfoot post.

DIABETIC MEDIUM

MATERIALS: Thermocork shell, full-length Poron®/plastazote top cover, EVA bottom cover.

POSTING: Intrinsic forefoot post, extrinsic rearfoot post.

DIABETIC FIRM

MATERIALS: 2mm HMW polyethylene shell, medial flange, lateral clip, deep heel cup, full-length Poron®/plastazote top cover, EVA bottom cover.

POSTING: Intrinsic forefoot post, extrinsic rearfoot post.

accomodative

BALANCE LITE

MATERIALS: 1/8" orthopedic-grade polypropylene shell, sulcus-length vinyl top cover, Ultrasuede® bottom cover.

POSTING: Intrinsic forefoot post and a modified intrinsic rearfoot post.

BALANCE SOFT

MATERIALS: 1/8" orthopedic-grade polypropylene shell, sulcus-length vinyl top cover, Ultrasuede® bottom cover and Poron® arch reinforcement.

POSTING: Intrinsic forefoot post and extrinsic Poron® rearfoot post.

BALANCE SUPPORT

MATERIALS: 1/8" orthopedic-grade polypropylene shell, sulcus-length vinyl top cover, Ultrasuede® bottom cover and corax arch reinforcement.

POSTING: Intrinsic forefoot post and extrinsic corax rearfoot post.

CLASSIC LEATHER

MATERIALS: Molded leather, reinforced with fiberous thermoplastic material and corax, sulcus-length leather top cover, and Ultrasuede® bottom cover.

POSTING: As a standard, the forefoot is not posted and the rearfoot is ground to the position of the forefoot. Any degree of posting may be specifically ordered.

dress

Dress orthoses are specifically designed for mens or womens (flat or high-heeled) dress shoes. Although these devices don't offer as much control, they do provide some support to individuals in low-countered shoes. They are usually not recommended as a primary orthotic device. Some diagnoses that dress devices are used for are: forefoot lesions, intermetatarsal neuromas, metatarsalgia, plantar fasciitis and heel pain.

DRESS CLASS I

MATERIALS: TL-Silver® semi-rigid with flexible heel seat (no shell in heel), sulcus-length vinyl top cover with Ultrasuede® bottom cover.

POSTING: Intrinsic forefoot posting and flexible heel. Optional rearfoot wedge may be ordered.

DRESS CLASS II

MATERIALS: TL-2100® semi-rigid with flat heel seat, sulcus-length top cover and Ultrasuede® bottom cover.

POSTING: Intrinsic forefoot post with no rearfoot posting. Biaxial rearfoot posting may be added upon request.

DRESS CLASS III

MATERIALS: 1/8" polypropylene with the heel seat cut out in center, sulcus-length vinyl top cover with Ultrasuede® bottom cover.

POSTING: Intrinsic forefoot posting with no rearfoot posting. Biaxial rearfoot posting may be added upon request.

athletic

Athletic devices are similar to adult functional orthoses, but modifications are made that focus on the athlete during the propulsive phase of their gait. Generally, athletic devices are made with a firm, yet somewhat flexible shell, providing control while allowing for some natural pronation. Additionally, the flex in the shell provides shock absorption vital in many sporting activities. Athletic devices protect against hyperpronation, which occurs during sporting activities. Some indications are: forefoot varus or valgus, lateral ankle instability, shin splints, plantar fasciitis and prevention of tibial stress fractures.

ORTHOCISE

MATERIALS: Orthopedic-grade 1/8" polypropylene, sulcus-length vinyl top cover and Ultrasuede® bottom cover.

POSTING: Three-degree corax runners wedge with a cut-out under the first metatarsal filled with Poron®. Intrinsic forefoot and rearfoot posts.

WALKER

MATERIALS: Orthopedic-grade 1/8" polypropylene, full-length vinyl top cover, 1/8" Poron® padding, and Ultrasuede® bottom cover.

POSTING: Intrinsic forefoot post and extrinsic corax rearfoot posts.

SUPERSPORT

MATERIALS: Orthopedic-grade 3/16" polypropylene is standard, may be ordered with 1/8" polypropylene for increased flexibility (semi-flexible). Full-length vinyl top cover and Ultrasuede® bottom cover.

POSTING: Standard intrinsic forefoot post with three-degree runners wedge and extrinsic crepe rearfoot post.

athletic

EAGLE

MATERIALS: TL 2100® semi-rigid with full-length vinyl top cover and Ultrasuede® bottom cover.

POSTING: Patented Triaxial intrinsic forefoot and rearfoot in-cast modification, crepe rearfoot stabilizer, and three-degree runners wedge under metatarsal heads.

DURKIN SPORT

MATERIALS: 3/16" polypropylene with a full-length vinyl top cover and Ultrasuede® bottom cover.

POSTING: Extrinsic long forefoot post, biaxial intrinsic rearfoot post with crepe heel stabilizer.

BRAVER BALLET

MATERIALS: HMW polyethylene orthosis covered with Vylyte®. Held in place with an elastic band and thong.

POSTING: Extrinsic long forefoot post with no rearfoot posting.

childrens

Childrens devices are used to help correct or prevent gait abnormalities. Orthoses are a common modality for correction once the child is walking in shoes. Semi-rigid and semi-flexible shells can be used depending on the patient's age, weight and activity level. To avoid problems in adulthood, the primary focus of childrens orthoses is to control pronation. Some indications are: abnormal foot pronation, reduction of forefoot supinatus, night cramps and an awkward running gait.

MATERIALS: Your choice of non-skid polypropylene or HMW polyethylene.

POSTING: A rectus-type cast is preferred where the forefoot position is reduced in the cast, so the plane of the forefoot is perpendicular to the rearfoot bisection. If this method is not used, intrinsic forefoot posting is recommended. The rearfoot is posted to heel vertical.

WHITMAN ROBERTS

DESCRIPTION: A lateral clip holds the foot while a medial flange induces active supination. This metatarsal head length orthosis is most useful in a child with a pronated foot.

IN-TOE GAIT PLATE

DESCRIPTION: This orthosis is manufactured similar to a functional device with the exception that the forefoot is altered with an extension of the shell to affect the oblique shoe break.

OUT-TOE GAIT PLATE

DESCRIPTION: This orthosis is manufactured similar to a functional device with the exception that the forefoot is altered with an extension of the shell to affect the oblique shoe break.

childrens

REVERSE ROBERTS

DESCRIPTION: Similar to the Whitman Roberts, this device extends under the fifth metatarsal head. It also induces active supination of the foot through the use of a vertical flange up to the navicular tuberosity. This device induces out-toeing and is most useful in a child with a pronated foot and an adducted gait pattern.

HEEL STABILIZER - A

DESCRIPTION: The most popular type of heel stabilizer, it cups the heel deeply, has a lateral clip and a medial flange with a small extension under the medial arch. The device controls the rearfoot in maintaining the calcaneus perpendicular to the supporting surface. This allows the forefoot to drop down to the supporting surface and maintain medial arch stability.

HEEL STABILIZER - B

DESCRIPTION: A deep heel seat in a metatarsal head length shell with a lateral clip and medial flange extending to the first metatarsal head. This device is useful in controlling both forefoot and rearfoot abnormalities in the pronated foot.

HEEL STABILIZER - C

DESCRIPTION: A deep heel seat plus the unique features of medial and lateral flanges extending up the sides of the first and fifth metatarsal heads. This device is useful in controlling pronation associated with a splayfoot condition.

HEEL STABILIZER - D

DESCRIPTION: This device has a deep heel seat with a lateral flange extending under the fifth metatarsal head. This orthosis induces out-toeing.

HEEL STABILIZER - E

DESCRIPTION: This device features a deep heel seat with a long medial flange under the first metatarsal head, which induces in-toeing.

footlights

The Footlights® line is our economy line of orthoses. These devices were designed for every walk of life. Specifically, the orthoses offered are functional, athletic, dress and accommodative. Footlights® features a semi-flexible or semi-rigid lightweight shell molded to a corrected cast. Many standard accommodations are offered on this line at no additional charge. See our brochure and price list for additional information. Some diagnoses which Footlights® can be used for are: plantar fasciitis, heel spurs, forefoot lesions, forefoot varus or valgus and pronation syndrome.

FUNCTIONAL

MATERIALS: 3/16" polypropylene shell, no top cover, no bottom cover.

POSTING: Intrinsic forefoot post, extrinsic crepe rearfoot post.

ACCOMODATIVE

MATERIALS: 1/8" polypropylene shell, EVA arch reinforcement, sulcus-length foam top cover, no bottom cover.

POSTING: Intrinsic forefoot post, extrinsic EVA rearfoot post.

ATHLETIC

MATERIALS: 3/16" polypropylene shell, metatarsal length foam top cover, no bottom cover.

POSTING: Intrinsic forefoot post, extrinsic crepe rearfoot post.

footlights

COMPETITOR

MATERIALS: 3/16" polypropylene shell, full-length foam top cover, no bottom cover.

POSTING: Intrinsic forefoot post, three-degree crepe runner's wedge, extrinsic crepe rearfoot post.

DRESS

MATERIALS: 1/8" polypropylene shell, hole in shell at center of heel, metatarsal length foam top cover, no bottom cover.

POSTING: Intrinsic forefoot post, no rearfoot post.

richie brace®

With the authentic Richie Brace®, Allied OSI Labs offers the ultimate support for your practice and your patients. See for yourself why the Richie Brace® is prescribed more than any other brace on the market for patients with severe pronation, posterior tibial tendon dysfunction and lateral ankle instability. Podiatrists trust the authentic Richie Brace® and its unmatched track record. The Richie Brace® is a custom ankle brace (ankle foot orthosis) designed to treat chronic conditions of the foot and ankle. Introduced to the medical community in 1996, the Richie Brace® has revolutionized the non-operative approach to the most challenging pathologies treated by the foot and ankle specialist. With a contoured balanced orthotic footplate articulated to adjustable semi-rigid lower leg uprights, the Richie Brace® is ideally suited to stabilize rotational forces at the midtarsal, subtalar and talo-crural joints. Modifications and enhancements are available to add further restriction of motion in the saggital, frontal or transverse plane.

The Richie Brace® is fabricated from an impression cast taken of the patient's foot and lower leg. This custom ankle-foot orthosis is reimbursable by Medicare and most third-party payers. Information on casting, coding and reimbursement information can be obtained from any authorized Richie Brace® distributor. Or, visit www.richiebrace.com.

RICHIE BRACE® STANDARD

INDICATIONS: Suggested for mild to moderate PTTD and lateral ankle instability

RICHIE BRACE® RESTRICTED HINGE

(SHOWN WITH MEDIAL ARCH SUSPENDER®)

INDICATIONS: Suggested for DJD of ankle or rearfoot mild dropfoot. Use with a Lateral Arch Suspender® for peroneal tendinopathy or severe lateral ankle instability. Use with a Medial Arch Suspender® for moderate to severe PTTD

RICHIE BRACE® SOCCER

INDICATIONS: Standard Richie Brace® with a shin guard for soccer

richie brace®

RICHIE BRACE® DYNAMIC ASSIST

INDICATIONS: Suggested for dropfoot without equinus.

RICHIE BRACE® LITTLE RICHIE

INDICATIONS: A pediatric brace for hypotonia severe pronation.

RICHIE BRACE® SOLID AFO

INDICATIONS: Suggested for severe dropfoot with spasticity or charcot arthropathy.

RICHIE BRACE® CALIFORNIA

INDICATIONS: Suggested for stage IV PTTD, charcot deformity, severe DJD of ankle or hindfoot.

RICHIE BRACE® GAUNTLET

INDICATIONS: Suggested for powerful frontal plane correction, reduced compensations with forefoot to rearfoot deformities, and increased rearfoot stability. Available with lateral or medial arch suspender.

ADDITIONAL PRODUCTS

Allied OSI Labs is proud to also offer the following products to best suit your patients.

CLUFFY WEDGE®

DESCRIPTION: Suggested when an orthotic alone is not enough for treatment of metatarsal overload and predislocation syndrome, heel pain, functional hallux limitus or first ray insufficiency.

TAILAR MADE

DESCRIPTION: A full line of prescription prefabricated orthoses that can be customized in your office based on your clinical assessment.

RICHIE BRACE® OTC

DESCRIPTION: Prefabricated ankle brace suggested for acute ankle sprain, tendoritis of ankle, used as an interim brace before custom AFO treatment begins.

ORDERING INFORMATION

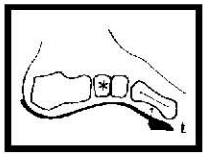
Placing an order with Allied OSI Labs is now easier than ever. You can find our order form in the back of this catalog, at our Web site, www.aolabs.com or by contacting a Customer Service Representative at 1-800-444-3632.

ALLIED OSI LABS SPECIFICATIONS

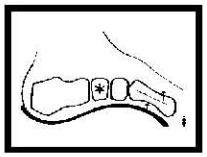
Allied OSI Labs offers several types of forefoot and rearfoot posts, each with its own specific uses:

FOREFOOT POSTS:

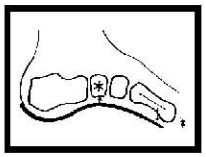
EXTRINSIC: This traditional method of forefoot posting is accomplished by placing crepe directly under the front of the orthosis, wedging the forefoot into its neutral or desired position. This type of posting may not allow the metatarsal heads to reach the supporting surface, inducing jamming at the metatarsophalangeal joints. This type of posting also adds considerable bulk to the front of the orthosis, sometimes causing shoe fit problems.



ROOT INTRINSIC FOREFOOT POSTING: This traditional method of forefoot posting is accomplished by placing crepe directly under the front of the orthosis, wedging the forefoot into its neutral or desired position. This type of posting may not allow the metatarsal heads to reach the supporting surface, inducing jamming at the metatarsophalangeal joints. This type of posting also adds considerable bulk to the front of the orthosis, sometimes causing shoe fit problems.



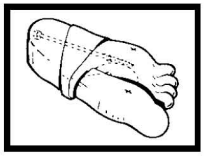
INTRINSIC: Allied OSI Labs is unique in that our forefoot varus posting starts at the navicular tuberosity and gradually drops down to the supporting surface. In forefoot valgus, the post begins behind the fifth metatarsal at the cuboid, gradually extending to the supporting surface. This effectively posts the midtarsal joints, allowing the metatarsals to plantarflex to the supporting surface, decreasing jamming of the metatarsophalangeal joints and preventing the forefoot post from affecting the place of the rearfoot.



ALLIED OSI LABS SPECIFICATIONS CONTINUED

FOREFOOT POSTS CONTINUED:

TRIAXIAL INTRINSIC: This patented technique allows the posting of the forefoot to be integrated directly into the plaster cast of the foot. By sectioning the midtarsal joints to their oblique axis, the forefoot can be rotated out of a varus or valgus position. This allows full posting of large degrees of deformity. Triaxial posting is completed by incorporating a biaxial rearfoot post.

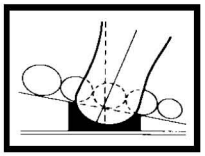


EXTRINSIC LONG METATARSAL POSTING: An extrinsic forefoot post is added under the metatarsal heads, tapering off distally and becoming incorporated into a forefoot extension. This posting is most useful when controlling forefoot varus or valgus in sports where heel contact is short or there are large amounts of side-to-side motion in the activity. A runner's wedge is incorporated in this manner as well, but using only three degrees of posting.

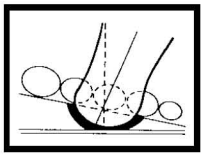
ALLIED OSI LABS SPECIFICATIONS CONTINUED

REARFOOT POSTS:

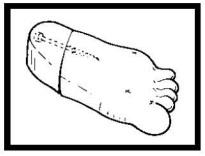
EXTRINSIC: In this traditional method of posting, crepe is applied directly to the heel seat of the device. When posting the rearfoot extrinsically, it is important to keep in mind that all rearfoot extrinsic posts begin from heel vertical. This can lead to increased amounts of rocking and instability in the orthosis and breaking of the device.



MODIFIED INTRINSIC: The shell of the orthosis is ground at the heel contact point, either to the plane of the forefoot or in the desired degree of rearfoot varus. The amount of posting is dependant on the thickness of the orthosis, and is limited. This posting is available on graphite, but only when posted to vertical. It is not to be confused with true instrinsic posting as offered with biaxial or triaxial methods.



BIAXIAL INTRINSIC: In this patented process, the rearfoot section of the cast is sectioned to the axis of the subtalar joint. The rearfoot section can then be rotated into its desired position of varus or valgus. The advantage of this technique is that it allows the rearfoot to be posted independently of the forefoot, eliminating discrepancies between the plane of the forefoot and rearfoot sections of the orthosis. High degrees of deformity can be posted without affecting how the device fits in the shoe, and prevents lateral slippage of the foot off the orthosis. Biaxial rearfoot posting can be incorporated into any orthosis, and can be used independently or in conjunction with the triaxial posting.



ALLIED OSI LABS SPECIFICATIONS CONTINUED

POSTING:

- Choose the type of posting you prefer if something other than standard posting is required. Standard postings are always in the product description (found in the catalog).
- Choose either "Post to Cast," or indicate the number of degrees correction for both the forefoot and rearfoot. If you check "Post to Cast," we will post the forefoot to the degree measured at heel vertical and the rearfoot posted at vertical. The exception to this rule is when the forefoot measures more than 9 degrees varus or 6 valgus. We will not post the forefoot more than these limits unless specified. In this case, the rearfoot will be posted to the forefoot.
- "No Posting" does not mean vertical. It means there will be no intrinsic or extrinsic posting, simply a rounded shell at the rearfoot.
- If you request a biaxial rearfoot post, you must specify the number of degrees desired or it will be posted at 6 degrees varus.
- If you request degrees of rearfoot posting and do not request biaxial, the devise will rock.

WEIGHT CHART:

When adding medial flanges or arch reinforcement (crepe or corax), add 60 lbs. to weight limit.

POLYPROPYLENE

Up to 160 lbs. – 1/8"
161 to 299 lbs. – 3/16"
Over 299 lbs. – 1/4"

DIABETIC

Up to 150 lbs. – Soft
151 to 185 lbs. – Medium
186 to 250 lbs. – Firm

MUELLER TPD HMW POLYETHYLENE

Up to 140 lbs. – 2 mm
Over 140 lbs. – 3 mm

GRAPHITE TL - SILVER®

Up to 200 lbs. – Semi - Rigid
Over 200 lbs. – Rigid

GRAPHITE TL - 2100®

Up to 120 lbs. – Semi-Flexible
121 to 220 lbs. – Semi-Rigid
221 to 300 lbs. – Rigid
Over 300 lbs. – Ultra-Rigid

ALLIED OSI LABS SPECIFICATIONS

ARCH HEIGHT AND GRIND:

These items will vary depending upon the individual casts, but the following approximations will provide an estimate of how much plaster fill will be added to the positive cast, and how the orthosis will be ground.

ARCH HEIGHT (*ADULT FOOT*):

NO ARCH FILL: A minimal amount of plaster is added to the transition between posting platform and arch.

HIGH: Approximately 1/8" fill

MEDIUM (*OUR STANDARD*): Approximately 1/4" fill

LOW: Approximately 1/2" fill

***NOTE*:** If a patient has a naturally low arch that is reflected in the cast, there is no need to order "low arch." 1/2" fill will still be added.

GRIND:

WIDE: Shell encompasses all metatarsal heads 1-5

REGULAR (*OUR STANDARD*): Shell bisects 1st metatarsal head

NARROW: Shell bisects 1st metatarsal head and 5th metatarsal head

***NOTE*:** Choose "narrow" for dress shoes and "wide" when maximum control is desired.

ASSURED ORTHOTIC REPLACEMENT (AOR) INSURANCE

AOR provides your patients with two years of protection for only $38. The positive casts are either returned to your patient, or stored electronically. AOR Insurance covers:

ACCIDENTAL BREAKAGE: All replacements needed due to destruction or damage are made at no charge. The patient returns their broken/damaged orthoses and their positive casts, along with a completed claim form. Once manufactured, the orthoses and positive casts will be returned to the patient.

OUTGROWTH: Patients 18 years old and younger can receive one free pair of orthoses as needed for outgrowth. If additional pairs are needed during the two-year coverage period, they will be subject to a $35 fee. New casts will be required, and the practioner fees are not covered by this plan. Once manufactured, the orthoses and positive casts will be returned to your office.

LOSS OR THEFT: Lost or stolen orthoses will be replaced for $25. Patients must return their positive casts, a completed claim form and a check for the replacement cost. Orthoses will only be replaced with the same type as originally prescribed. Assured Orthotic Replacement covers all return shipping of both the orthoses and positive casts. Once manufactured, the orthoses and positive casts will be returned to the patient.

Allied OSI Labs

6299 Guion Road
Indianapolis, IN 46268-2530

www.alliedosilabs.com

Phone: 317-293-4858
Fax: 800-233-2280
Toll Free: 800-444-3632 Customer Service
International Toll Free: 0800-96-2955