Mile High Orthotics Lab
4970 Monaco St, Ste A
Commerce City, CO 80022
Office (303) 289-1534
Fax (303) 288-3687
Toll Free 1 (800) 710-4880
www.mholabs.com

Diabetic Insert Order Form

Date: __/__/__

BILL TO:

Account Name: .....

Address: .....

.....

City: ..... State: ..... Zip: .....

Phone: ..... Fax: .....

Casting Contact: .....

E-Mail: ..... PO Number: .....

SHIP TO: Same As Billing Address ☐

Account Name: .....

Address: .....

.....

City: ..... State: ..... Zip: .....

Phone: ..... Fax: .....

Casting Contact: .....

E-Mail: .....

PATIENT INFO:

Name: ..... Gender: ..... Weight: ..... Age: ..... Height (**inches**): .....

Shoe Size (required): ..... **Shoe Style:** ..... ☐ **Shoes Enclosed** ☐ **Insoles Enclosed** ☐ **Tracing Enclose**

Main Complaint: ..... **Diagnosis:** .....

Quantity: ..... Pair

☐ Diabetic Insert

☐ Toe Prosthesis ☐ Transmet Prosthesis

☐ **Metatarsal Raise R L**

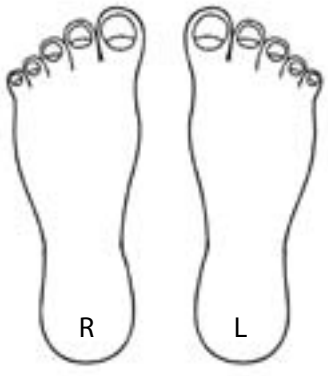
☐ Pad ☐ Bar ☐ Dancer's Pad

☐ Low 1/8" ☐ Medium 3/16" ☐ High 1/4"

☐ Soft ☐ Firm

☐ **Cut Outs:** ☐ **R** ☐ **L** (mark on cast or form) ☐ with Gel Fill

☐ **Heel Cup:** ☐ Shallow 6mm ☐ Std 10mm ☐ Deep 14mm



SPECIAL INSTRUCTIONS:

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