



4970 Monaco St, Unit A, Commerce City, CO 80022

O: (303) 289-1534 | F: (303) 288-3687 | (866) 710-4880 | MHOLABS.com

Date: _____

PATIENT INFORMATION

Patient Name: _____ Account No: _____

Account Name: _____ P.O. No: _____ City: _____

Height: _____ Weight: _____ Shoe Order Attached: Placed Order Online: Inserts Only Order:

Activity level: Low Moderate High

Insert Quantity: 1 2 3

MEN'S SIZE

Size: 7.5 8 8.5 9 9.5 10

10.5 11 11.5 12 13 14

Width: M W XW

WOMEN'S SIZE

Size: 5.5 6 6.5 7 7.5 8

8.5 9 9.5 10 11 12

Width: M W XW

THE DETAILS

Topcover: Standard Bilam

Base: 45 EVA 55 EVA 55 Cork (+\$5/pr)

Length: Full Sulcus

Arch Height: Same as impression or scan
Lower than impression or scan
Higher than impression or scan

Heel Cup: Shallow Medium Deep

Medial Arch Flange: Right Left

High Lateral Flange: Right Left

Metatarsal Pad: Right Left

Metatarsal Bar: Right Left

Met Heads: Offload Sweetspot

Right: 1 2 3 4 5

Left: 1 2 3 4 5

Distal Tips: Offload Sweetspot

Right: 1 2 3 4 5

Left: 1 2 3 4 5

Off-Load Heel: Right Left

Off-Load Arch: Right Left

Charcot Deformity: Right Left

Morton's Extension: Right Left

Heel Raise: Amount: _____ Right Left

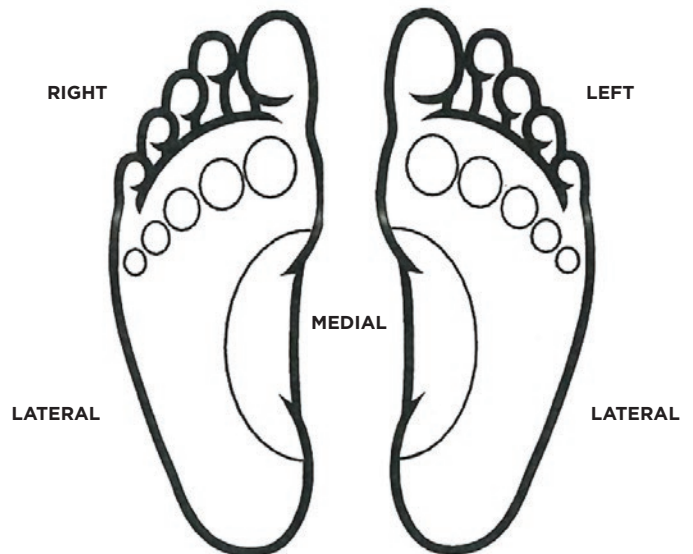
Rear Foot Posting: Degrees Right _____ Left _____
Medial Lateral

Partial Foot Toe Filler: *Identify missing digits below*

Right: 1 2 3 4 5

Left: 1 2 3 4 5

Please Indicate Pressure, Ulcerated Areas, Missing Digits, Amputation Site On Foot Illustration Below:



Additional Notes: _____