

PATIENT INFORMATION

Patient Name: _____ Date: _____

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

Height: _____ Weight: _____

Activity Level: Low Moderate High Insert Quantity: _____

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

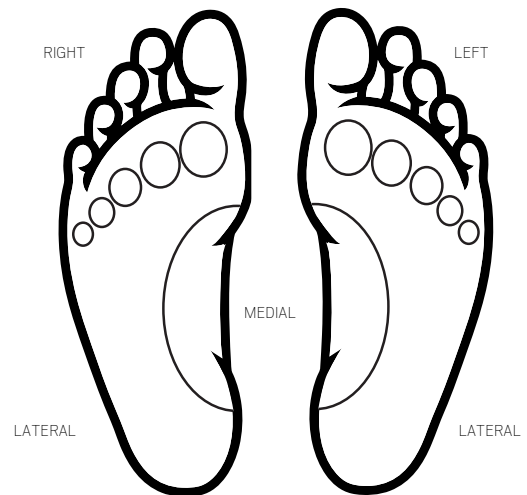
Size: 5.5 6 6.5 7 7.5 8
 8.5 9 9.5 10 11 12
 Width: M W XW

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

PLEASE RETAIN A COPY FOR YOUR RECORDS - INCLUDE IN FOAM IMPRESSION

*If no special accommodations are requested, inserts will be made based off of scan or impression.
 Custom insert, toe filler, and shoe modification orders are not refundable; however, we will rework these orders at no additional charge.