

Insole Order Form

Patient details	
Date of Cast	Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Child <input type="checkbox"/>
Name	DOB
Diagnosis	Clinic
Orthotist	Order No.

Insole details Pair Repeat Right Left

Shoe details Removable insole Size UK: Euro: Width
Modular shoe manufacturer _____

Insole type Diabetic Full length Biomechanical 3/4 Length Neurological Sulcus length

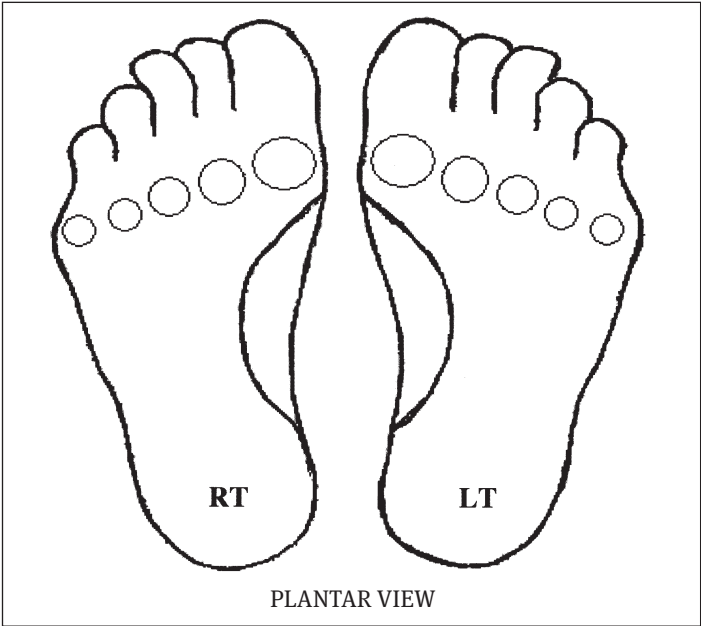
Shoe style Trainer Casual Formal

EVA density (shore value) Low 25 Med 50 High 65 Dual 50 / 25 Dual 50 / 40 Dual 65 / 50

Sinks (mark position in foam box and on diagram)

Area	Depth	Infill material
Area 1	_____ mm _____ mm	_____
Area 2	_____ mm _____ mm	_____
Area 3	_____ mm _____ mm	_____
Area 4	_____ mm _____ mm	_____
Area 5	_____ mm _____ mm	_____

Std depth 5mm PPT or DDP



Posting

	Right °	Left °
Hindfoot INT <input type="checkbox"/> EXT <input type="checkbox"/>	Medial _____	_____
	Lateral _____	_____
Forefoot INT <input type="checkbox"/> EXT <input type="checkbox"/>	Medial _____	_____
	Lateral _____	_____

Pitch of shoe Heel height _____ mm Sole thickness _____ mm

Heel counter (std 12mm) 6mm 9mm 12mm

Additional dimensions

Finished heel thickness _____ mm

Finished joint thickness _____ mm

Finished toe thickness _____ mm

Increase medial arch support _____ mm

decrease medial arch support _____ mm

Lateral peroneal pad _____ mm

Raise Lt. Rt. _____ mm

Metatarsal pads

Dome _____ mm

Bar _____ mm

Standard height 5mm.
Other shape draw on foot outline above

Covering

- Black Alcantara (standard)
- Blue Alcantara
- Beige Alcantara
- Black Leather
- Natural Leather
- Nora Lunairmed
- Multicoloured EVA 1mm
- Black Marble EVA 1mm
- Blue Marble EVA 1mm
- Beige Marble EVA 1mm
- Yellow Blue EVA 1mm
- Fabric covered Neoprene 1mm
- Diabetic Poron 3mm
- Diabetic Poron 6mm

Additional notes