

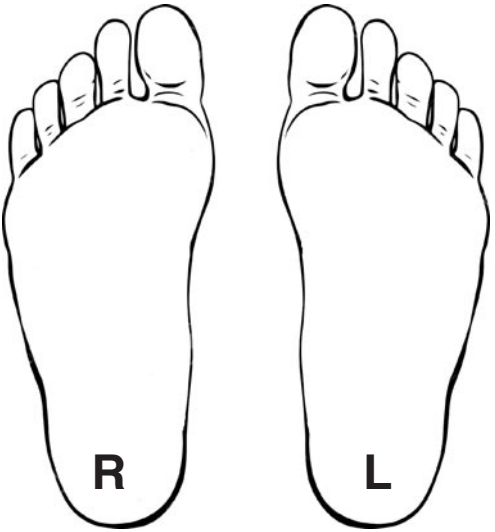
Patient Name..... Age..... Diagnosis ..... Date .....

Delivery Address ..... Contact No: ..... Order No ..... Date Required .....

**Insole Style**

Pair  
 Right  
 Left

Shoe size .....



**Materials**

**Base Layer**

20 Shore density EVA  2mm  
 40 Shore density EVA  3mm  
 60 Shore density EVA  4mm  
 Polyurethane  6mm  
 Split density EVA 50/20  Full length  
 Split density EVA 50/40  Sulcus length  
 Split density EVA 70/50  Behind met heads  
 Diabetic Split Block  
 3D Print TPU – LD/MD/HD  
 3D Print Hard Shell – Flex (2mm) / Std (3mm) / Stiff (4mm)

**Middle Layer**

P2 Resorb  1.5mm  
 Grey Poron  3mm  
 Blue Poron  6mm  
 Soft EVA  Full length  
 None  Sulcus length  
 Other .....  Behind met heads

**Top Cover**

Blue Marble	<input type="checkbox"/> 1mm	Salmon/Beige OnSteam Combi	<input type="checkbox"/> 4mm
Beige Marble	<input type="checkbox"/> 1mm	P2/On Steam	<input type="checkbox"/> 2mm
Black Marble	<input type="checkbox"/> 1mm	OnSteam Black	<input type="checkbox"/> 1mm
Black Suede	<input type="checkbox"/> 1mm	Soft Leather	<input type="checkbox"/> 1mm
Tan Suede	<input type="checkbox"/> 1mm	Grey Poron	<input type="checkbox"/> 1.5 <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
Blue Suede	<input type="checkbox"/> 1mm	Blue Poron	<input type="checkbox"/> 1.5 <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
Spenco Green	<input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm		
Carbon Vinyl	<input type="checkbox"/> 1mm		

**Shell Modifications / Additions**

<b>Rearfoot Additions</b>	<b>Left</b>	<b>Right</b>
Wedge Medial (°)	.....	.....
Lateral (°)	.....	.....
Kirby Skive (mm) medial/lateral	.....	.....
Lateral flange	<input type="checkbox"/>	<input type="checkbox"/>
Medial flange	<input type="checkbox"/>	<input type="checkbox"/>
Heel Raise (mm)	.....	.....
Heel Expansion (mm)	.....	.....
<b>Forefoot Additions</b>		
Wedge Medial (°)	.....	.....
Lateral (°)	.....	.....
Mortons Extension	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Mortons Extension	.....	.....
1st Ray cut out	<input type="checkbox"/>	<input type="checkbox"/>
1st Met cut out	<input type="checkbox"/>	<input type="checkbox"/>
5th Met cut out	<input type="checkbox"/>	<input type="checkbox"/>
Met Bar (mm)	.....	.....
Met Pad (mm)	.....	.....
Met Dome	.....	.....
Dancers Pad	<input type="checkbox"/>	<input type="checkbox"/>
Deep heel cup .....mm		
EVA arch material removal for Orthotics Comfort		
<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%		

**Additional Information**

Clinician Name .....

Signed .....