

DIABETIC INSERT ORDER FORM

CUSTOMER #
ORDER DATE
PO#

Any Highlighted area not completed will delay your order.

Medicare does require a new scan yearly for orders.

ORDER INFO

COMPANY NAME:		SHIPPING ADDRESS:		
PATIENT NAME:		AGE:	SEX:	WT.:
ORDERED BY:	PHONE #:	EMAIL:		

SHOE INFO **Must Choose one Option**

ORDER SHOES: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	SHOE STYLE:	SHOE COLOR:	SHOE SIZE:	SHOE WIDTH:
<input type="checkbox"/> ORDER INSERTS ONLY:	SHOE SIZE:	SHOE WIDTH:	SEX:	

DIABETIC INSERTS

Medicare does require a new scan yearly for orders.

PLEASE SELECT: LEFT RIGHT BOTH QTY: 1 2 3 **If no quantity selected, 3 will be default*

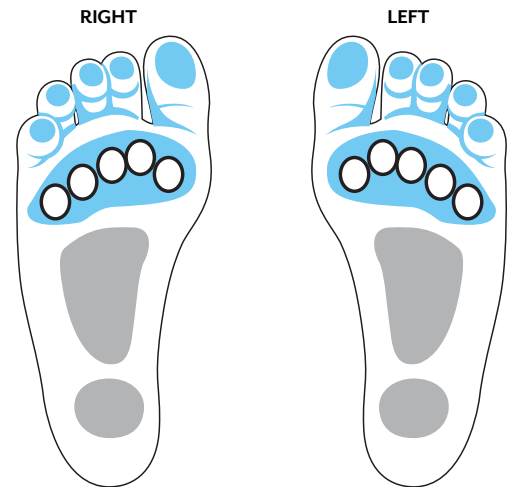
DO YOU NEED A TOE FILLER FOR THE OTHER FOOT? Y N **WHAT'S MISSING:** *If selected, we will send ONE toe filler for opposite foot.*

DIABETIC INSERT SPECIFICS

BASE LAYER (CHOOSE ONE):	<input type="checkbox"/> MEDIUM YELLOW (DEFAULT)	<input type="checkbox"/> FIRM WHITE
TOP COVER (CHOOSE ONE):	<input type="checkbox"/> SOFT BLUE (DEFAULT)	<input type="checkbox"/> PINK/BLUE BILAM
HEEL CUP (CHOOSE ONE):	<input type="checkbox"/> MEDIUM (DEFAULT)	<input type="checkbox"/> HIGH <input type="checkbox"/> SHALLOW
MEDIAL FLANGES (CHOOSE ONE):	<input type="checkbox"/> STANDARD (DEFAULT)	<input type="checkbox"/> HIGH
LATERAL FLANGES (CHOOSE ONE):	<input type="checkbox"/> STANDARD (DEFAULT)	<input type="checkbox"/> HIGH

SPECIAL MODIFICATIONS

RIGHT		LEFT
<input type="checkbox"/>	MET PAD (MARK LOCATION)*	<input type="checkbox"/>
<input type="checkbox"/>	MET BAR (MARK LOCATION)*	<input type="checkbox"/>
<input type="checkbox"/>	OFFLOADING*	<input type="checkbox"/>
<input type="checkbox"/>	SWEET SPOT*	<input type="checkbox"/>
<input type="checkbox"/>	HEEL LIFT*	<input type="checkbox"/>
<input type="checkbox"/>	MEDIAL HEEL WEDGE*	<input type="checkbox"/>
<input type="checkbox"/>	LATERAL HEEL WEDGE*	<input type="checkbox"/>
<input type="checkbox"/>	HEEL PAD	<input type="checkbox"/>
<input type="checkbox"/>	TOE PLUG**	<input type="checkbox"/>
<input type="checkbox"/>	CHARCOT OFFLOAD*	<input type="checkbox"/>



**Standard lift/wedge is 1/4". Note any custom amount up to 1/2" in the Notes*

**Please indicate placement on foot picture. **Toe Plugs are \$5/plug*

No Lifts on Inserts over 1/2"

DO NOT FAX OR EMAIL THIS FORM IF YOU ARE SENDING AN IMPRESSION! DUPLICATES ARE NON- REFUNDABLE

Keep a copy of your tracking number!

COMMENTS/NOTES
