

PATIENT INFORMATION

First Name: _____ Last Name: _____

Male Female Age: _____ Weight: _____

Shoe Size: _____ Shoe Style: _____

Date: ____ - ____ - ____

PO#: _____

Company: _____ Physician / Practitioner: _____

Facility / Location: _____

Products 1PR 2PR 3PR

DIABETIC BILAM

55D 75D

P-CELL TRILAM

55D 75D

SPORT TRILAM

POLY PRO

Poly Cobra

Plastic Options L R B

Heel Post

Top Cover Length Full Sulcus 3/4

Spenco 1/8" 1/16"

EVA 1/8" 1/16"

Vinyl

Leather (Additional)

Options L R Bil

Metatarsal Pad

Small Medium Large 1/8" 1/16"

Metatarsal Bar

Small Medium Large 1/8" 1/16"

Deep Heel Cup

Toe Filler

TMA

Intrinsic Posting / Offload

Extrinsic Post

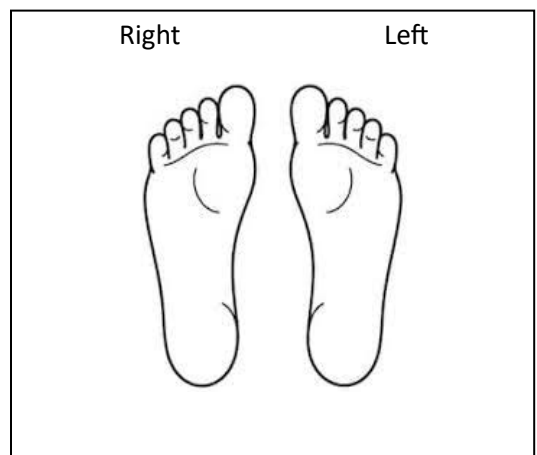
ST Groove

Small Medium Large

3/16" 1/4" 3/8" - 1/2"

Special / Detailed Instructions:

Plantar Surface



Due Date : ____ - ____ - ____