



ORDER FORM- SIMPLE INSOLES

Job / Purchase Order No.

S<number>

Patient Surname..... Forename.....	Patient No.	Hospital Order No.	Quantity RT x LT x
Hospital / Clinic Group Subgroup	Date	Appointment YES/NO/OTHER Date:	Deliver to: Required by:

BASE MATERIAL

Thickness in mm	1.5	3	6	Other		1.5	3	6	Other		1.5	3	6	Other
Poron - Grey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LD Plastazote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poron/Gel	<input type="checkbox"/>	<input type="checkbox"/>			MD Plastazote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pink		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neolon/Spenco	<input type="checkbox"/>	<input type="checkbox"/>			HD Plastazote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>			
Dual		<input type="checkbox"/>			Leather	<input type="checkbox"/>	<input type="checkbox"/>			Other				
Reduce forefoot thickness to <input type="text"/> mm														

VALGUS PADS

	0	1	2	3	4	5	6
Soft Low		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pink High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Brown High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
White High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

CUSTOM MADE PADS (draw on reverse)

	Right	Left
Height	<input type="text"/> mm	<input type="text"/> mm
Length	<input type="text"/> mm	<input type="text"/> mm
Width	<input type="text"/> mm	<input type="text"/> mm
Material	<input type="text"/>	

METATARSAL PADS

	1	2	3	4	5
Met Dome Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met Dome Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Met Square Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Met Bars Stock Shaped	5/1 <input type="checkbox"/>	6/2 <input type="checkbox"/>	7/3 <input type="checkbox"/>	8/4 <input type="checkbox"/>	

CUSTOM MET PADS (draw below)

Material	<input type="text"/>
Thickness	<input type="text"/>
Front Edge -	Square <input type="checkbox"/> Round <input type="checkbox"/>

OTHER PADS

	Left	Right
Cobra Shape	<input type="checkbox"/>	<input type="checkbox"/>
Heel Lift Soft	<input type="text"/> mm	<input type="text"/> mm
Horse Shoe	<input type="checkbox"/>	<input type="checkbox"/>

POSTING

	Left	Right		Left	Right
Rearfoot - Medial	<input type="text"/> mm	<input type="text"/> mm	Forefoot - Medial	<input type="text"/> mm	<input type="text"/> mm
Lateral	<input type="text"/> mm	<input type="text"/> mm	Lateral	<input type="text"/> mm	<input type="text"/> mm
Other posts as marked	<input type="text"/>		Heel Lift	<input type="text"/> mm	<input type="text"/> mm

TOP COVER

	Top	Bottom		Top	Bottom		Top	Bottom	
Skiver	<input type="checkbox"/>	<input type="checkbox"/>	X2	<input type="checkbox"/>	<input type="checkbox"/>	Thin Eva	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>
Blue Sheep	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	<input type="checkbox"/>	Softee Leather	<input type="checkbox"/>	<input type="checkbox"/>	
Techno	<input type="checkbox"/>	<input type="checkbox"/>	PPT Velour	<input type="checkbox"/>	<input type="checkbox"/>	Neolon / Spenco	<input type="checkbox"/>	<input type="checkbox"/>	Cover Thickness <input type="text"/> mm