|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PATIENT DETAILS | | | | | | | | | |
| Order No | Click/tap to enter text. | | | | | | Requirement | Pair  Left  Right | |
| Patients Ref | Click/tap to enter text. | | | | | | Shoe Size | Click/tap to enter text. | |
| PRACTITIONER DETAILS | | | | | | | | | |
| Address | | | | Name | | | Click/tap to enter text. | | |
| Click/tap to enter text. | | | | E-mail | | | Click/tap to enter text. | | |
| Order Date | | | Click/tap to enter text. | | |
| Telephone | | | Click/tap to enter text. | | |
| SELECT ORTHOTIC | | | | | | | | | |
| Length | ¾  Sulcus  Full | | | | Material | | | Eva ¾  EVA Sulcus   EVA Full Length   Polypropylene ¾ | |
| Flexibility | Low Density  Medium Density  High Density | | | |
| SHELL MODIFICATION | | | | | | | | | |
| Heel Posting | None  Full | | | | Cut-Out Position | | | Left  Right  Both | |
| Shell Cut-out | 1st Met  1st Ray   5th Met  5th Ray | | | | Heel Cup Depth | | | Low  Standard  Deep | |
| SELECT POSTING | | | | | | | | | |
|  | LEFT | | | | | RIGHT | | | |
| Rearfoot | Intrinsic / Extrinsic | | Intrinsic  Extrinsic | | | Intrinsic / Extrinsic | | | Intrinsic  Extrinsic |
| Position | | Full  Medial  Lateral | | | Position | | | Full  Medial  Lateral |
| Degree (1-15°) | | Click/tap to enter text. | | | Degree (1-15°) | | | Click/tap to enter text. |
| Heel Raise (1 – 10mm) | | Click/tap to enter text. | | | Heel Raise (1 – 10mm) | | | Click/tap to enter text. |
| Forefoot | Intrinsic / Extrinsic | | Intrinsic  Extrinsic | | | Intrinsic / Extrinsic | | | Intrinsic  Extrinsic |
| Position | | Full  Medial  Lateral | | | Position | | | Full  Medial  Lateral |
| Degree (1-15°) | | Click/tap to enter text. | | | Degree (1-15°) | | | Click/tap to enter text. |
| Skive | Medial/Lateral | | Medial  Lateral | | | Medial/Lateral | | | Medial  Lateral |
| mm (1 – 10mm) | | Click/tap to enter text. | | | Heel Raise (1 – 10mm) | | | Click/tap to enter text. |
| Heel Flange | Medial/Lateral | | Medial  Lateral | | | Medial/Lateral | | | Medial  Lateral |
| SELECT ADDITIONS | | | | | | | | | |
| METATARSAL PAD | | Left  Right  Left & Right | | | | | | |  |
| METATARSAL BAR | | Left  Right  Left & Right | | | | | | |  |
| METATARSAL RAISE | | Left  Right  Left & Right | | | | | | |  |
| MORTON'S EXTENSION | | Left  Right  Left & Right | | | | | | |  |
| REVERSE MORTON'S EXT | | Left  Right  Left & Right | | | | | | |  |
| FHL ACCOMMODATION | | Left  Right  Left & Right | | | | | | |  |
| MATERIAL | | EVA  Compressive Poron | | | | | | |  |
| ARCH PAD | | Left  Right  Left & Right | | | | | | |  |
| CUBOID PAD | | Left  Right  Left & Right | | | | | | |  |
| HEEL PAD | | Left  Right  Left & Right | | | | | | |  |
| HEEL SPUR PAD | | Left  Right  Left & Right | | | | | | |  |
| HEEL PORON DOT | | Left  Right  Left & Right | | | | | | |  |
| SHELL CUT OUT/PAD | | Shell Cut Out  Pad | | | | | | |  |
| LESION ACCOMMODATION | | Left  Right  Left & Right | | | | | | |  |
| (Please provide in Additional Information, or forward an illustration or template either by email or post.) | | | | | | | | | |
| SELECT COVERING | | | | | | | | | |
| LENGTH | | Full Length  Sulcus Length  ¾ Length | | | | | | |  |
| MATERIAL | | Black Techno Suede  Beige Leather Cradle  EVA Black Marble 1mm  Blue Spenco/Neoprene 3mm | | | | | | |  |
| PADDING THICKNESS | | 1.5mm Poron  3mm Poron  6mm Poron | | | | | | |  |
| NOTES | | | | | | | | | |
| Click/tap to enter text. | | | | | | | | | |

**SEMI BESPOKE ORDER FORM**

|  |  |
| --- | --- |
| LESION ACCOMMODATION | ANNOTATE AS APPROPRIATE |
| A pair of feet with no foot  Description automatically generatedRIGHT LEFT | |
| ADDITIONAL INFORMATION | PLEASE DESCRIBE BELOW |
| Click/tap to enter text. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADDITIONS FOR CONDITIONS | | | PRACTITIONERS PRESCRIBING GUIDE | | |
| FOREFOOT | | MIDFOOT | | REARFOOT | |
| *Stock Pads* | | *3mm Poron Unless Otherwise Stated* | | *3mm Poron Unless Otherwise Stated* | |
|  | **METATARSAL PAD**  METATARSALGIA  DROPPED 1 OR 5 MET  INTERDIDITAL NEUROMA  FOREFOOT CALLUSING |  | **ARCH PAD**  METATARSALGIA  ARCH PAIN |  | **HEEL PAD**  HEEL PAIN  PLANTAR FASCIITIS  REDUCED FAT PAD |
|  | **METATARSAL BAR**  METATARSALGIA  FOREFOOT CALLUSING |  | **CUBOID PAD**  CHRONIC SUBLUXING CUBOID |  | **HEEL SPUR PAD**  HEEL SPUR  REDICED FAT PAD |
|  | **METATARSAL RAISE**  METATARSALGIA  FOREFOOT CALLUSING |  | |  | |
| *3mm Unless Otherwise Stated* | |  | | *Pink Poron* | |
|  | **MORTON’S EXTENSION**  DORSIFLEXED 1ST RAY  HALLUX LIMITUS  SHORT 1ST METATARSAL |  | |  | **HEEL PORON DOT**  HEEL SPUR |
|  | **REVERSE MORTON’S EXTENSION**  PLANTARFLEXED 1ST RAY |  | |
|  | **FHL ACCOMMODATION**  FUNCTIONAL HALLUX LIMITS |