ORDER FORM – TOTAL CONTACT INSOLES

Patient	Order No.	Hospital	Quantity	Quantity
			RT x	**LT x**

SHELL MATERIAL

POLYPROP ☐ CARBON ☐

FLEXIBILITY

RIGID ☐ STANDARD ☐ FLEXIBLE ☐

PT Weight ☐ kg Thickness ☐ mm

SHELL MATERIAL

NORA Low ☐ Med ☐ High ☐

EVA Low ☐ Med ☐ High ☐ Dual ☐

ORTHOTIC LENGTH

¾ ☐ Sulcus ☐ Full ☐ Custom ☐

Shoe Size ☐

DEVICE THICKNESS

Heel ☐ mm Forefoot ☐ mm

Heel width ☐ mm Forefoot width ☐ mm

Arch height ☐ mm Length ☐ mm

CAST CORRECTION

ARCH FILL ☐ mm FOOT EXPANSION ☐ mm

Other ☐

POSTS

Heel Pitch ☐ mm Heel Cup Height ☐ mm

REARFOOT LEFT		**REARFOOT RIGHT**	
Medial post	☐	Medial post	☐
Lateral post	☐	Lateral post	☐
Kirby skive	☐	Kirby skive	☐
Heel lift	☐	Heel lift	☐

Other ☐

FOREFOOT LEFT		**FOREFOOT RIGHT**	
Medial post	☐	Medial post	☐
Lateral post	☐	Lateral post	☐
Cut out	☐	Cut out	☐
Extended	☐	Extended	☐

Medial column ☐

Other ☐

COVERS

TOP ☐

BOTTOM ☐

FOREFOOT EXTENSIONS ☐

Additional Instruction

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