

# FOOT ORTHOTICS ORDER FORM

## 1. ORDER INFORMATION

Patient Name		Practitioner	
Patient Ref. No		Shoe Size	
Patient Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Adult/Child	Adult <input type="checkbox"/> Child <input type="checkbox"/>
Date of Order		Hospital/Location	
Date Required			
Ship To:		This order is accompanied by:	Foam Box <input type="checkbox"/> 3D Scan <input type="checkbox"/> Cast <input type="checkbox"/> Template <input type="checkbox"/> Shoes <input type="checkbox"/>

## 2. INSOLE INFORMATION

Length of Insole Base	3/4 Length <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Length <input type="checkbox"/> 1/2 Length <input type="checkbox"/>	Insole Template Size
Top Cover Length	3/4 Length <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Length <input type="checkbox"/> 1/2 Length <input type="checkbox"/>	
Insole Type	Semi-Bespoke <input type="checkbox"/> Custom Foot Orthoses <input type="checkbox"/>	

## 3. SEMI-BESPOKE INSOLES BASE MATERIAL

Base Material						Left	Right
Black Sponge		3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Carbon	2.3 <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
EVA (SOFT - FIRM)	20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Frelen Insoles						<input type="checkbox"/>	<input type="checkbox"/>
High Density Plastazote		3 <input type="checkbox"/>	6 <input type="checkbox"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leatherboard	1.5 <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Luna Motion		3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Plastazote Low Density		3 <input type="checkbox"/>	6 <input type="checkbox"/>	12 <input type="checkbox"/>	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poron 4000 Grey	1.6 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Poron 4708 Medical Blue		3 <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Poron 94 Pink		3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Poron 96 Light Jade		3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Poron XRD Yellow		3 <input type="checkbox"/>	6 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## 4. CUSTOM FOOT ORTHOSES SHELL MATERIAL

Base Material	Manu Type	Rigidity	Left	Right
EVA 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/>	CAD/CAM		<input type="checkbox"/>	<input type="checkbox"/>
Copolymer 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4.5mm <input type="checkbox"/>	Vacuum	Semi-Rigid	<input type="checkbox"/>	<input type="checkbox"/>
Homopolymer 2mm <input type="checkbox"/> 3mm <input type="checkbox"/>	Vacuum	Semi-Rigid	<input type="checkbox"/>	<input type="checkbox"/>
Carbon	Vacuum	Rigid	<input type="checkbox"/>	<input type="checkbox"/>

## 5. CUSTOM FOOT ORTHOSES HEEL CUP DEPTH

12mm <input type="checkbox"/>	15mm <input type="checkbox"/>	18mm <input type="checkbox"/>
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## FURTHER INFORMATION

7. SUPPLY DATE

BAR CODE

**PEACOCKS** EST. 1903

6. ADAPPTIONS FOR SEMI-BESPOKE/CUSTOM CUSTOM FOOT ORTHOSES			
Type	Left	Right	Specific Size Details*
Firm Valgus Pad	<input type="checkbox"/>	<input type="checkbox"/>	*If you require a non-standard height/ material adaption please state in this box. Increase charges may apply.
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	
Met Dome	<input type="checkbox"/>	<input type="checkbox"/>	
Soft Valgus Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Valgus Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiff	<input type="checkbox"/>	<input type="checkbox"/>	
Cobra	<input type="checkbox"/>	<input type="checkbox"/>	
Crest Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Donut	<input type="checkbox"/>	<input type="checkbox"/>	
Forefoot Extension	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Seat	<input type="checkbox"/>	<input type="checkbox"/>	
Met Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Horse Shoe	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse Mortons	<input type="checkbox"/>	<input type="checkbox"/>	
Rocker Sole	<input type="checkbox"/>	<input type="checkbox"/>	
Met Square	<input type="checkbox"/>	<input type="checkbox"/>	
Mortons Extension	<input type="checkbox"/>	<input type="checkbox"/>	
Peroneal Notch	<input type="checkbox"/>	<input type="checkbox"/>	
Dynamic Foot Plate**	<input type="checkbox"/>	<input type="checkbox"/>	
Roses Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Shaft Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Toe Filler	<input type="checkbox"/>	<input type="checkbox"/>	
Toe Lift	<input type="checkbox"/>	<input type="checkbox"/>	
U Shape Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Wedges	<input type="checkbox"/>	<input type="checkbox"/>	

7. TOP COVERS FOR SEMI-BESPOKE/CUSTOM FOOT ORTHOSES				
Top Cover Options				
Black sponge 3mm	<input type="checkbox"/>			
Chamois	<input type="checkbox"/>			
Dual Poron 4000 Blue/Pink 4mm	<input type="checkbox"/>			
EVA	20 <input type="checkbox"/>	30 <input type="checkbox"/>	40 <input type="checkbox"/>	
EVA Marbled 1mm	Blue <input type="checkbox"/>	Pink <input type="checkbox"/>	Black <input type="checkbox"/>	Beige <input type="checkbox"/>
Lining Cradle (Perforated)	<input type="checkbox"/>			
Luna Motion	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>		
Microfibre Man-made Leather (Perforated)	<input type="checkbox"/>			
Orthopaedic Cow Lining Cream (Cream Cow / Blue Pearl)	<input type="checkbox"/>			
Plastazote Low Density	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>		
Porellina Cover (Perforated)*	<input type="checkbox"/>			
Poron 4000 Grey	1.6mm <input type="checkbox"/>	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>	
Poron 92 Red/Latex* 3mm	<input type="checkbox"/>			
Poron 94 Pink	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>		
Poron 96 Light Jade	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>		
Poron 4708 Medical Blue 3mm	<input type="checkbox"/>			
Sheepskin	White <input type="checkbox"/>	Black <input type="checkbox"/>		
Spenco 3mm	<input type="checkbox"/>			
XRD Yellow	3mm <input type="checkbox"/>	6mm <input type="checkbox"/>		

\*Available for Semi-Bespoke or Polypropylene insoles only

8A. WEDGES (POSTING)*						
	Lateral	Medial	Left		Right	
Forefoot	<input type="checkbox"/>	<input type="checkbox"/>	mm	°	mm	°
Heel	<input type="checkbox"/>	<input type="checkbox"/>	mm	°	mm	°
Through	<input type="checkbox"/>	<input type="checkbox"/>	mm	°	mm	°
Heel Skive	<input type="checkbox"/>	<input type="checkbox"/>	mm	°	mm	°

\*\* = 2-5 Toe Lift, Met Dome and Peroneal Notch)

9. SINK (DELL)*	
Heel Sink	<input type="checkbox"/>
Sink	<input type="checkbox"/>
Infill	<input type="checkbox"/>
Plug	<input type="checkbox"/>

\*Please draw this information on the cast/diagram aswell as ticking which option you require

8B. WEDGES (POSTING) FOR CARBON/POLYPROPYLENE					
Posting Instructions	Left			Right	
Posting Angle Medial	mm		°	mm	°
Lateral post	mm		°	mm	°
Kirby Skive 15°	2 <input type="checkbox"/>	4-def <input type="checkbox"/>	6/8mm <input type="checkbox"/>	2 <input type="checkbox"/>	4-def <input type="checkbox"/> 6/8mm <input type="checkbox"/>
Mosi ° or Lateral Heel Skive	20 <input type="checkbox"/>	30-def <input type="checkbox"/>	45° <input type="checkbox"/>	20 <input type="checkbox"/>	30-def <input type="checkbox"/> 45° <input type="checkbox"/>
Forefoot Posting	Left			Right	
Intrinsic Balance to Rearfoot	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extrinsic Forefoot Post °	Medial <input type="checkbox"/>	Lateral <input type="checkbox"/>		Medial <input type="checkbox"/>	Lateral <input type="checkbox"/>
	mm		°	mm	°

10. MODIFICATIONS			
Plantar Fascia Groove	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Lateral Flange Base Mod	<input type="checkbox"/>	6mm Left <input type="checkbox"/>	Right <input type="checkbox"/> 9mm Left <input type="checkbox"/> Right <input type="checkbox"/>
Medial Flange (EVA addn)	<input type="checkbox"/>	6mm Left <input type="checkbox"/>	Right <input type="checkbox"/> 9mm Left <input type="checkbox"/> Right <input type="checkbox"/>
Medial Longitudinal Profile	<input type="checkbox"/>	Low Left <input type="checkbox"/>	Right <input type="checkbox"/> Med Left <input type="checkbox"/> Right <input type="checkbox"/> High Left <input type="checkbox"/> Right <input type="checkbox"/>
Navicular Dell	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Cuboid Dell	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Heel Raise	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Heel Spur Relief	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
1st Ray Cut Out	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
1st Met Head Cut Out	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
5th Met Head Cut Out	<input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Full Length Raise EVA	<input type="checkbox"/>	Left mm	Right mm
Tapered Full Bed Raise EVA	<input type="checkbox"/>	Left mm	Right mm
Forefoot Thickness	<input type="checkbox"/>	Normal <input type="checkbox"/>	Thin <input type="checkbox"/> Zero <input type="checkbox"/>