

Custom Diabetic Insert Order Form

Doctor/Facility: _____
 Address: _____
 Phone: () _____ - _____
 Patient: _____
 Weight: _____ Age: _____ Gender: _____
 Shoe Size: _____ Type: _____
 Primary Orthotic Use: _____

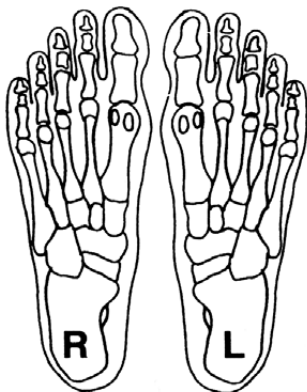
Lab Use Only

DI: _ / _ / _
 Order #: _____

CUSTOM MOLDED DIABETIC INSERTS

A5513 Dual-Laminate top with Cork balance to
Mets. SADMERC APPROVED

of Pairs _____



** Please indicate
any lesions or
accommodations
to be made

Special Instructions: _____

Doctors Signature: _____ Date: ____/____/____