

## Custom Diabetic Insert Order Form

Doctor/Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ PO NUMBER: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_ Type: \_\_\_\_\_  
 Primary Orthotic Use: \_\_\_\_\_

**Lab Use Only**

DI: \_\_ / \_\_ / \_\_  
 Order #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PTOL SCAN ID (PATIENT ID #)**  
 \_\_\_\_\_

## CUSTOM MOLDED DIABETIC INSERTS



**A5513**  
 Dual-Laminate Top With Cork Balance To  
 Mets. PDAC APPROVED

# of Pairs \_\_\_\_\_



**A5514**  
 Milled 45 Durometer Shore A EVA Base Full  
 Length with Plastazote Topcover  
 PDAC APPROVED

# of Pairs \_\_\_\_\_



**L5000**  
 Partial Foot Or Toe Filler Insert, Dual  
 Laminate Top With Cork Balance To Mets.  
 Plastazote Prosthetic Fill

# of Units \_\_\_\_\_

\*\* Toe Fillers Cannot Be Manufactured From Digital Files,  
 Cast or Crush Box Is Required! \*\*

Left  Right  Bi-Lateral

Carbon Plate  Left  Right

**\*\* Please indicate any lesions or accommodations to be made on diagram \*\***

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

