

175 Park Street Livermore Falls, ME 04254

Phone: (207) 897-5558 Fax: (207) 897-1117

Email All Scans & Order Forms To: ptolcadcam@gmail.com

Custom Diabetic Insert Order Form

Doctor/Facility:		Lab Use Only
Address:		DI://
Phone:	PO NUMBER:	Order #:
Patient:		
	Weight: Age: Gender:	
	Shoe Size: Type:	
Primary Orthot	ic Use:	PTOL SCAN ID (PATIENT ID #)
	CUSTOM MOLDED DIABETIC	NINCEDTO
	CUSTOM MOLDED DIABETIC	INSERIS
	A5513	
	Dual-Laminate Top With Cork Balance To	
	Mets. PDAC APPROVED	# of Pairs
	Wield. The fill the vehicles	
	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 ** Toe Fillers Cannot Be Manufactured From Digital Files, Cast or Crush Box Is Required! **	# of Units
		○ Left ○ Right ○ Bi-Lateral
		Cert Might Oblitatoral
		Carbon Plate Ceft Right
** Dlagga ir	rdigate any logions or accommodations to be made or	diagram ** OBM MBO
r Flease II	ndicate any lesions or accommodations to be made or	
pecial Instruction	ns:	(MIL & & / \& & LIM
		IRMUU (/\Y UUDAR
		\\ R \
Octors Signature	: Date:/	