PROTOSTHETICS
3D PRINTED PROSTHETICS

617 4th Street N Suite #1
Fargo, North Dakota 58102
contact@protosthetics.com
(701) 478-2001

Diabetic Foot Orthotics Order Form

Order Date: _____ Date Needed: _____ PO#:_____

SHIPPING INFORMATION

Facility: _____ Practitioner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

BILLING INFORMATION [ ] Same as shipping

Facility: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SHIPPING INSTRUCTIONS

[ ] Ground [ ] 2-day (additional charges) [ ] Overnight (additional charges) [ ] Local

PATIENT INFORMATION

Name: _____ DOB: _____ Gender: [ ] F [ ] M Weight: _____

Diagnosis/Special Instructions:

_____

_____

_____

FABRICATION INSTRUCTIONS

Ordering: [ ] Pair [ ] Left Only [ ] Right Only **Quantity:** [ ] 1 [ ] 2 [ ] 3 **Style:** [ ] Bilam [ ] Trilam

Arch Height: [ ] Same as impression cast [ ] Higher than impression or scan [ ] Lower than impression or scan

Heel Cup: [ ] Shallow (6 mm) [ ] Standard (10 mm) [ ] Deep (16 mm)

Metatarsal Pads: [ ] Right [ ] Left

Partial Toe Filler: [ ] Right [ ] Left

Mark any toe fills or reliefs >