

# A5514 Diabetic Foot Orthotic 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: \_\_\_\_\_ Sex: [ ] F [ ] M Shoe Size: \_\_\_\_\_

Diagnosis/Special Instructions: [ ] Have a Tech Call Me

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FABRICATION INSTRUCTIONS

**Quantity:**      [ ] 1 Pair      [ ] 2 Pair      [ ] 3 Pair

[ ] Left Only      [ ] Right Only      [ ] L5000

**Base Layer Density:**      [ ] Soft 35A EVA      [ ] 55A Multicork

**Top Cover:**      [ ] 1/8" P-Cell      [ ] 1/16" Poron, 1/16" P-Cell

[ ] 1/16" Poron, 1/8" P-Cell

**Metatarsal Pads:**      [ ] Right      [ ] Left

**Medial Flange:**      [ ] Right      [ ] Left

**Lateral Flange:**      [ ] Right      [ ] Left

**Special Instructions:**



L      R

Mark any toe fills or reliefs ^