

K0903 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 ^