

ORDER FORM – TOTAL CONTACT INSOLES

Patient	Order No.	Hospital	Quantity RT x	Quantity LT x
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SHELL MATERIAL

POLYPROP CARBON

FLEXIBILITY

RIGID STANDARD FLEXIBLE

PT Weight kg Thickness mm

SHELL MATERIAL

NORA Low Med High

EVA Low Med High Dual

ORTHOTIC LENGTH

3/4 Sulcus Full Custom

Shoe Size

DEVICE THICKNESS

Heel mm Forefoot mm

Heel width mm Forefoot width mm

Arch height mm Length mm

CAST CORRECTION

ARCH FILL mm FOOT EXPANSION mm

Other

POSTS

Heel Pitch mm Heel Cup Height mm

REARFOOT LEFT

REARFOOT RIGHT

Medial post

Medial post

Lateral post

Lateral post

Kirby skive

Kirby skive

Heel lift

Heel lift

Other

FOREFOOT LEFT

FOREFOOT RIGHT

Medial post

Medial post

Lateral post

Lateral post

Cut out

Cut out

Extended

Extended

Medial column

Other

COVERS

TOP

BOTTOM

FOREFOOT EXTENSIONS

Additional Instruction



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