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# DIABETIC INSERT RX FORM

DATE: \_\_\_\_\_

PO# \_\_\_\_\_

## BILLING INFORMATION

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 CASTING CONTACT \_\_\_\_\_

## SHIPPING INFO

SAME AS BILLING INFO?

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 EMAIL \_\_\_\_\_ PO# \_\_\_\_\_  
 CASTING CONTACT \_\_\_\_\_

## DELIVERY INSTRUCTIONS

STANDARD DELIVERY (3-5 Business Days) (Production time)  
 RUSH DELIVERY - NEEDED BY \_\_\_\_/\_\_\_\_/\_\_\_\_ + EXTRA CHARGE

## PATIENT INFORMATION

NAME \_\_\_\_\_  
 GENDER \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT (Inches) \_\_\_\_\_ \*SHOE SIZE (Required) \_\_\_\_\_  
 SHOE STYLE \_\_\_\_\_  SHOES ENCLOSED  INSOLES ENCLOSED  TRACING ENCLOSED

## BIOSTEP CUSTOM DIABETIC INSERTS

### CHOOSE DUROMETER

- (Soft) EVA: 35+
- (Firm) CORK: 50+

### BIOSTEP CUSTOM INSERTS- A5514

Please specify if ordering for one side only.

QTY (Pairs) \_\_\_\_\_ QTY (Right only) \_\_\_\_\_ QTY (Left only) \_\_\_\_\_

• A5514 - CUSTOM DIABETIC INSERTS Please specify type below.

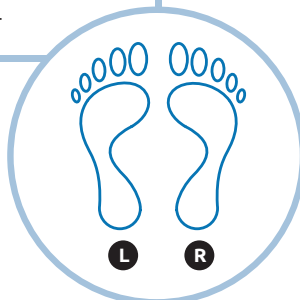
- CUSTOM BI - LAMINATE INSERTS  
EVA Base with Plastazote Top Cover
- CUSTOM TRI - LAMINATE INSERTS  
EVA Base, Poron Mid-layer with Plastazote Top Cover

### BIOSTEP CUSTOM TOE FILLER - L5000

- TRANSMET PROSTHESIS  TOE PROSTHESIS

Please indicate which digits the patient is missing on the diagram.

QTY (Left only) \_\_\_\_\_ QTY (Right only) \_\_\_\_\_



### MPJ RELIEF Please mark on casts well as this form

### PADS

- HEEL PAD  HEEL SPUR PAD
- MET PAD 1-5  LOW (3mm)  MED (5mm)  HIGH (7mm)
- MET PAD 2-4  LOW (3mm)  MED (5mm)  HIGH (7mm)

### HEEL LIFT

SPECIFY HEIGHT \_\_\_\_\_ (Max is 3/8" or 10mm)

## SPECIAL INSTRUCTIONS
