

SPS ACCOUNT #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: SAME AS BILLING _____

ADDRESS: _____

SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)

OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)

OTHER: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

OPS INVOICE/NG ENCOUNTER: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON QUALIFIED

CLINICIAN: _____

CELL #: _____

REQUIRED INFORMATION! If incomplete, inserts will be made longer & wider for in clinic adjustments

SHOE INFO: Male Female > Childs Youth Adult **SIZE:** _____

CUSTOM INSERT ORDER INFORMATION

1. BASE LAYER (Required)

CORK BASE

- 3/4"
 Sulcus
 Full

Quantity **L** ____ **R** ____

POLYPRO BASE: *3/4" Length Only*

- Semi-Flex (3 mm)
 Semi-Rigid (4 mm)
 Rigid (5 mm)

Quantity **L** ____ **R** ____

2. PORON MID LAYER (Optional)

Length: 3/4" Sulcus Full

Thickness: 1/16" 1/8"

3. TOP COVER (Required)

Length: 3/4" Sulcus Full

Material: Black Vinyl Black Leather Blue Spenco

Black Ice EVA Blue Plastazote

4. ARCH HEIGHT

Standard (Reduced 1/8" from patient's cast)

Total Contact (Made to patient's cast)

Increased 1/8" (From patient's cast)

5. HEEL CUP

Low (1/4") Medium (3/8") High (1/2")

NOTES

Accommodations	L	R	Posting	L	R	°
Metatarsal Pad			Rearfoot Medial			
Metatarsal Bar			Rearfoot Lateral			
Heel Pad			Forefoot Medial			
1st Ray Cut-out			Forefoot Lateral			
5th Ray Cut-out						
Dancer's Pad						
Morton's Extension						
Medial Flange						
Lateral Flange						
Metatarsal Relief Only available on cork inserts (full or sulcus length)						
	1	2	3	4	5	
L						
R						

R **L**

Please clearly mark the areas where reliefs should be applied.

LAB USE ONLY
