



TEL: 800.298.6050 FAX: 888.801.3450  
6530 Corporate CT STE 300, Dock 26 | Alpharetta, GA 30005

SureFit/SPS Acct Number:	Ship to Location:
Customer PO#:	
Contact/Name:	Date:
Contact Email:	Cell #:

Patient Encounter #:	Patient ID:	<input type="checkbox"/> Female	Wt:
		<input type="checkbox"/> Male	DOB:

**Required Information! If incomplete, inserts will be made longer & wider for in clinic adjustments**

Shoe SKU#:	<input type="checkbox"/> Lace <input type="checkbox"/> Velcro	Length:	Width:
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**Custom Insert Order Information**

<input type="checkbox"/> <b>INSERTS ONLY-Preferred Method</b> [Trim to shoes above] Order inserts directly from SureFit - not through HD	<input type="checkbox"/> Please email an order confirmation Email:
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<input type="checkbox"/> Inserts & Shoes- <i>optional method</i> [Order shoes above] Turn around time is dependent on warehouse shoe inventory. NOTE: Notification of a backorder will be delayed.	<b>SPECIAL INSTRUCTIONS</b>
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<b>PROJECT NEWTON QUALIFIED</b>	
<b>Left Quantity</b>	<b>Right Quantity</b>
_____ <b>Bi-Lam</b> EVA 35 Shor A Base	_____
_____ <b>Tri-Lam</b> EVA 35 Shor A Base	_____
_____ <b>Tri-Lam</b> EVA 50 Shor A Base <i>Recommended cork base alternative</i>	_____
_____ <b>Cork Base</b> Trilam Standard	_____
<b>Toe Fill</b> Custom Cork Insert w/Fill <i>NOTE: Toe Fill (L5000): Non-Toe Filler Total Contact Inserts.</i>	
<b>Left Missing Toes</b>	<b>Right Missing Toes</b>
1 2 3 4 5	1 2 3 4 5
<i>Select for toe fills only</i>	<i>Select for toe fills only</i>

<input type="checkbox"/> <input type="checkbox"/> Arch Height Raise
<input type="checkbox"/> <input type="checkbox"/> Arch Height Lower
<input type="checkbox"/> <input type="checkbox"/> Met Bar <input type="checkbox"/> Standard <input type="checkbox"/> High ___ Send Separate
<input type="checkbox"/> <input type="checkbox"/> Met Pad <input type="checkbox"/> Standard <input type="checkbox"/> High ___ Send Separate
<input type="checkbox"/> <input type="checkbox"/> Relief ( <i>cut out</i> ) as marked _____
<input type="checkbox"/> <input type="checkbox"/> Relief Intrinsic as marked _____
<input type="checkbox"/> <input type="checkbox"/> Heel Lift on Insert ( <i>1/4 inch max.</i> ) Height _____
<input type="checkbox"/> <input type="checkbox"/> _____ Medial Wedge on Insert to: Standard, met, toe
<input type="checkbox"/> <input type="checkbox"/> _____ Lateral Wedge on Insert to: Standard, met, toe
<input type="checkbox"/> <input type="checkbox"/> Dancer's Pad _____
<input type="checkbox"/> <input type="checkbox"/> Saddle/U Pad ( <i>at heel unless specified</i> ) _____
<input type="checkbox"/> <input type="checkbox"/> Heel Cushion
<input type="checkbox"/> <input type="checkbox"/> Charcot/Midfoot Deformity/Medial Collapse
<input type="checkbox"/> <input type="checkbox"/> Cavus Foot

<b>(FOR INTERNAL LAB USE ONLY)</b>												
			L	R				L	R			
M	<input type="checkbox"/>	P	<input type="checkbox"/>	TFC	<input type="checkbox"/>	<input type="checkbox"/>	MF	<input type="checkbox"/>	<input type="checkbox"/>	TF	<input type="checkbox"/>	
<input type="checkbox"/>	<b>RL LEFT</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>					<input type="checkbox"/>	<b>RL RIGHT</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>					
		L	R			L	R			L	R	
<input type="checkbox"/>	IRL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SA	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	FLM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FA	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	FLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	DC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AF	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LF	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> See other sheet												