



TEL: 800.298.6050 FAX: 888.801.3450

WOMEN'S INSERT ORDER FORM

Account No.:	Date:
Fitter's Name:	Doctor:

PATIENT INFORMATION: (please print clearly)

Last Name	First
DOB: ____/____/____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Weight: _____ Repeat SFT Pt: <input type="checkbox"/> Yes <input type="checkbox"/> No	

ORDER TYPE:

<input type="checkbox"/> Just Shoes	<input type="checkbox"/> Diabetic Prefab Inserts with Shoes
<input type="checkbox"/> Custom Diabetic Inserts with Shoes	<input type="checkbox"/> Diabetic Prefab Inserts without Shoes
<input type="checkbox"/> Custom Diabetic Inserts without Shoes Style _____ Length _____ Width _____	

INSERT QUANTITY:

Pairs: 1 pr 2pr 3pr

Insert for AFO or BKA Amputee: only LEFT needed only RIGHT needed Number: 1 2 3

CUSTOM DIABETIC INSERT TYPE:

Diabetic Custom Total Contact Bi-laminate Inserts w/EVA Shell and Plastazote Top Cover

Diabetic Custom Total Contact Tri-laminate Inserts w/EVA Shell, Polyurethane Layer and Plastazote Top Cover

Accommodative Custom Inserts w/Cork Shell and Top Cover Selection - EVA Plastazote Leather

SHOE SELECTION: SEE REVERSE

PATIENT CURRENT SHOE INFORMATION:

Brand wearing: _____ Style _____ Length _____ Width _____

Current shoe fits: Well Too Long Too Short Too Wide Too Narrow

Comments: _____

FOOT MEASUREMENTS	Left	Right
Heel to Toe		
Heel to Ball (arch length)		
Width (use the heel to toe)		
Semi-Circumference (inches)		
Patient Wearing AFO (check side)		

Foot Evaluation	Left			Right		
	Mild	Moderate	Severe	Mild	Moderate	Severe
High Arch / Instep						
Hammertoes						
Bunions						
Swelling						
Narrow Heels						
Other Deformities						

Accommodations: Please circle accommodation area on INK IMPRINT/PRESSURE STAT and send with order

<p>Left</p> <p><input type="checkbox"/> Please have lab determine accommodations</p> <p><input type="checkbox"/> Relief (cut out) – as marked on imprint</p> <p><input type="checkbox"/> Heel Lift – in Shoe (1/4 inch max.) Height _____</p> <p><input type="checkbox"/> Heel Lift – on Insert (1/4 inch max.) Height _____</p> <p><input type="checkbox"/> ___ Lateral ___ Medial Wedge on Insert</p> <p><input type="checkbox"/> ___ Lateral ___ Medial Wedge in Shoe</p> <p><input type="checkbox"/> Morton's Extension</p>	<p>Right</p> <p><input type="checkbox"/> Dancer's Pad</p> <p><input type="checkbox"/> Saddle Pad (U Pad)</p> <p><input type="checkbox"/> Met Bar</p> <p><input type="checkbox"/> Crest Pad</p> <p><input type="checkbox"/> Heel Cushion</p> <p><input type="checkbox"/> Left Toe Fill – Digits Missing: _____</p> <p><input type="checkbox"/> Right Toe Fill – Digits Missing: _____</p>
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Comments: _____

Please include completed order form with crush box and send to: SureFit 4050 NW 126th Ave, #110, Coral Springs, FL 33065

