



TEL: 800.298.6050 FAX: 888.801.3450

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

Patient ID:	Gender: Male / Female	SureFit Compliance <input type="checkbox"/>
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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"/> Inserts Only (trim to shoes above)
<input type="checkbox"/> Shoes & Inserts (order shoes above)
<input type="checkbox"/> Diabetic Prefab Inserts - # of pairs _____
Left Quantity Right Quantity
_____ Bi-Lam Multi-Density Custom Insert _____
_____ Tri-Lam Multi-Density Custom Insert _____
_____ Cork Base Multi-Density Custom Insert _____
_____ *Toe Fill Orthotic Custom Cork Insert w/Fill _____
Left Missing Toes Right Missing Toes

Please have C.Ped Determine Shoe Size

FOOT MEASUREMENTS	Left	Right
Heel to Toe		
Heel to Ball (arch length)		
Width (use the heel to toe)		
Semi-Circumference (inches)		
Current Shoe and Fit:		

Accommodations: Circle accommodation area on INK IMPRINT /CAST / FOAM BOX and send with order

- Left Right
- Please have lab determine accommodations
 - Met Bar
 - Met Pad
 - Relief (cut out) – as marked on imprint
 - Morton's Extension _____
 - Heel Lift on Insert (1/4 inch max.) Height _____
 - _____ Medial Wedge on Insert
 - _____ Lateral Wedge on Insert
 - Dancer's Pad _____
 - Saddle Pad (U Pad)
 - Heel Cushion
 - Charcot Accommodation

Customer Notes/ Special Instructions

(FOR SUREFIT'S INTERNAL LAB USE ONLY)

M P TFC MF TF

RL LEFT RL RIGHT

L R	L R	L R
<input type="checkbox"/> IRL <input type="checkbox"/>	<input type="checkbox"/> SN <input type="checkbox"/>	<input type="checkbox"/> SA <input type="checkbox"/>
<input type="checkbox"/> FLM <input type="checkbox"/>	<input type="checkbox"/> LT <input type="checkbox"/>	<input type="checkbox"/> FA <input type="checkbox"/>
<input type="checkbox"/> FLL <input type="checkbox"/>	<input type="checkbox"/> EV <input type="checkbox"/>	<input type="checkbox"/> CV <input type="checkbox"/>
<input type="checkbox"/> DC <input type="checkbox"/>	<input type="checkbox"/> .75 <input type="checkbox"/>	<input type="checkbox"/> SC <input type="checkbox"/>
<input type="checkbox"/> see other sheet	<input type="checkbox"/> CP <input type="checkbox"/>	<input type="checkbox"/> AF <input type="checkbox"/>
	<input type="checkbox"/> PP <input type="checkbox"/>	<input type="checkbox"/> LF <input type="checkbox"/>

***ONLY ONE L5000 IS REIMBURSABLE PER FOOT**