



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"/> <b>Inserts Only</b> (trim to shoes above)
<input type="checkbox"/> <b>Shoes &amp; Inserts</b> (order shoes above)
<input type="checkbox"/> <b>Diabetic Prefab Inserts</b> - # of pairs _____
<b>Left Quantity</b> <span style="float: right;"><b>Right Quantity</b></span>
_____ <b>Bi-Lam</b> Multi-Density Custom Insert _____
_____ <b>Tri-Lam</b> Multi-Density Custom Insert _____
_____ <b>Cork Base</b> Multi-Density Custom Insert _____
_____ <b>*Toe Fill Orthotic</b> Custom Cork Insert w/Fill _____
<b>Left Missing Toes</b> <span style="float: right;"><b>Right Missing Toes</b></span>

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"/> AF	
		<input type="checkbox"/> PP		<input type="checkbox"/> LF	

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