

Milled Inlays Order Form



Practitioner Details

Name: _____ Order Date: _____
 Address: _____ Date Required: _____
 _____ Tel: _____
 _____ E-mail: _____

Enclosures: Casts Templates Foam Box Photos Tracings Orthoses
 Shoes Podotracks

Patient Details

Name: _____ Male Female Age: _____ Weight: _____
 Condition: _____ Repeat Order
 Shoe Size: _____ Width: _____
Cast Position: ST Neutral Semi Pronated Other (please specify) _____

Rearfoot Posting

Left _____° Medial/Lateral Heel Raise: _____ mm
 Right _____° Medial/Lateral Heel Raise: _____ mm

Forefoot Posting

Left _____° Medial/Lateral 2-5 Post Sulcus
 Right _____° Medial/Lateral 2-5 Post Sulcus

Accommodations

1st MPJ/Ray Cut Out (delete) Recess & Infill (indicate on diagram)
 Reduce Bulk (grind thin) Plantar Fascial Groove Medial Flange
 Recess (indicate on diagram) Kirby Skive Left _____ mm Kirby Skive Right _____ mm

Materials: Single Density: Low Density:
 Medium Density:
 High Density:

Dual Density: (Please Specify according to catalogue) _____

Triple Density: (Please Specify according to catalogue) _____

Padding/Covering: (Please specify according to Top Cover Material Catalogue)

Additional Information: _____

