

# Stock Inlays Order Form



## Practitioner Details

Name: \_\_\_\_\_ Order Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Required: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
Condition: \_\_\_\_\_  Repeat Order  
Shoe Size: \_\_\_\_\_ Width: \_\_\_\_\_

**Inlays:**  Daily  Daily Narrow  Daily Black Fiber  Daily High Heel  
 Daily Control  Daily Rigidus  
  
 Calca II Full Length  Calca II 3/4 Length  
 Calca Pro X Full Length  Calca Pro X 3/4 Length

## Additions:

### Left

Metatarsal Dome   
Metatarsal Bar   
Extra Padding   
Shaping to Footbox

### Right

Metatarsal Dome   
Metatarsal Bar   
Extra Padding   
Shaping to Footbox

**Padding/Covering:**  Standard  
 Custom (Please specify according to Top Cover Material Catalogue) \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
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