

BESPOKE INSOLES

PRESCRIPTION ORDER FORM

B.O.S

(For internal use only)
B.O.S. Order Number:

Practitioner:	
Tel:	Date Required:
Symptoms: <small>(Note: For prescription checking process)</small>	
Patient Ref:	

B.O.S. Account No:
Invoice Address:
Delivery Address:

Classification of Footwear

Shoe Size:	Mens <input type="checkbox"/>	Ladies <input type="checkbox"/>	Child's <input type="checkbox"/>	
Fit:	Standard <input type="checkbox"/>	Narrow <input type="checkbox"/>	Wide <input type="checkbox"/>	Sports <input type="checkbox"/>

Classification of Insole

Shell Length:	Overall Length:	Overall Thickness:
<input type="checkbox"/> 3/4	<input type="checkbox"/> 3/4	Heel: ____ mm
<input type="checkbox"/> Sulcus (EVA/PU Only)	<input type="checkbox"/> Sulcus	Forefoot: ____ mm
<input type="checkbox"/> Full (EVA/PU Only)	<input type="checkbox"/> Full	

Material (Please select ONE material only)

Polypropylene: Flexible <input type="checkbox"/> Semi-Flex <input type="checkbox"/> Rigid <input type="checkbox"/>
Heel Posing Type: Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> EVA <input type="checkbox"/>
Carbon: Flexible <input type="checkbox"/> Semi-Flex <input type="checkbox"/> Rigid <input type="checkbox"/>
Heel Posing Type: Intrinsic <input type="checkbox"/> EVA <input type="checkbox"/>
EVA: Low A25 <input type="checkbox"/> A35 <input type="checkbox"/> Medium A50 <input type="checkbox"/> High A60 <input type="checkbox"/>
Dual EVA: Med/Low (A50/A35) <input type="checkbox"/> High/Med (A60/A55) <input type="checkbox"/>
Polyurethane (PU): Low A20 <input type="checkbox"/> Medium A40 <input type="checkbox"/>

Forefoot / Rearfoot Control

Forefoot: <small>(All cast are balanced to heel vertical)</small>			
Left: ____°		Right: ____°	
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral
<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic
Rearfoot:			
Heel Cupping: <input type="checkbox"/> 10mm <input type="checkbox"/> 18mm <input type="checkbox"/> 26mm <input type="checkbox"/> Other: ____ mm			
Left Posting: ____°		Right Posting: ____°	
Left Heel Skives: ____ mm		Right Heel Skives: ____ mm	
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral
<input type="checkbox"/> Left Heel Raise: ____ mm	<input type="checkbox"/> Right Heel Raise: ____ mm		
<input type="checkbox"/> Left 1st Met Cut Out	<input type="checkbox"/> Right 1st Met Cut Out		
<input type="checkbox"/> Left 1st Ray Cut Out	<input type="checkbox"/> Right 1st Ray Cut Out		

Prescription Specifics

<i>For our full range of Bespoke Additions see catalogue or website</i>	
Additions:	
<input type="checkbox"/> Forefoot extension: _____ mm	
<input type="checkbox"/> Mid layer: _____ mm	
<input type="checkbox"/> Top cover: _____ mm	
Reduced Bulk Options:	
<input type="checkbox"/> Extra Low Heel Cup	<input type="checkbox"/> Mini Heel Post <small>(Polypropylene Only)</small>
Increased Control:	
<input type="checkbox"/> Medial Flange	<input type="checkbox"/> Lateral Flange
Arch Reduction:	
<input type="checkbox"/> 3mm	<input type="checkbox"/> 6mm <input type="checkbox"/> 9mm <input type="checkbox"/> Other: ____ mm

Additional Instructions / Pad Placement



Foam Box Replacement: <small>(Note: Charges apply)</small>
<input type="checkbox"/> Shallow <input type="checkbox"/> Deep



For technical support please call our Customer Services on 0121 647 3565, email enquiries@birminghamorthotics.co.uk or visit www.birminghamorthotics.co.uk