

# MODULAR INSOLES

## PRESCRIPTION ORDER FORM

# B.O.S

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

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

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

### Shoe Size

**Shoe Size:** Mens  Ladies  Child's

### Classification of Insole *(Please select ONE option only)*

<b>Modular Standard Shell length</b> (Available in sizes 19-48): 3/4 <input type="checkbox"/> Sulcus <input type="checkbox"/> Full <input type="checkbox"/>
<b>Modular Hallux Shell length</b> (Available in sizes 35-48): Full <input type="checkbox"/>
<b>Modular Heel Pain Shell length</b> (Available in sizes 35-48): 3/4 <input type="checkbox"/> Sulcus <input type="checkbox"/> Full <input type="checkbox"/>

### Prescription Specifics

Left Foot Additions:	Right Foot Additions:
<input type="checkbox"/> Metatarsal Dome	<input type="checkbox"/> Metatarsal Dome
<input type="checkbox"/> Metatarsal Bar	<input type="checkbox"/> Metatarsal Bar
<input type="checkbox"/> Kinetic Wedge	<input type="checkbox"/> Kinetic Wedge
<input type="checkbox"/> Reverse Morton's Extension	<input type="checkbox"/> Reverse Morton's Extension
<input type="checkbox"/> Sulcus/Toe Crest Pad	<input type="checkbox"/> Sulcus/Toe Crest Pad
<input type="checkbox"/> Heel Pad	<input type="checkbox"/> Heel Pad
<input type="checkbox"/> Horseshoe Spur	<input type="checkbox"/> Horseshoe Spur
<input type="checkbox"/> Neuroma Pad	<input type="checkbox"/> Neuroma Pad
<input type="checkbox"/> Valgus/Scaphoid Pad	<input type="checkbox"/> Valgus/Scaphoid Pad
<input type="checkbox"/> Kirby Skive	<input type="checkbox"/> Kirby Skive

### Forefoot / Rearfoot Control

<b>Forefoot:</b> <i>(All cast are balanced to heel vertical)</i>			
Left: _____°		Right: _____°	
<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral
<b>Rearfoot:</b>			
Left Posting: _____°		Right Posting: _____°	
<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	

### Top Cover *(Please select ONE option only)*

*For our full range of Bespoke Top Covers see catalogue or website*

<b>EVA:</b> <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Pink <input type="checkbox"/> Beige <input type="checkbox"/> Purple <input type="checkbox"/> Orange <input type="checkbox"/> Black <input type="checkbox"/> Marble Black <input type="checkbox"/> Marble Beige <input type="checkbox"/> Marble Blue <input type="checkbox"/> Marble Perf. Black	<b>Iron Man Rubber:</b> <input type="checkbox"/> Black <b>Alcantara:</b> <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Navy <b>XRD (Yellow):</b> <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <b>Poron PPT (Blue):</b> <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <b>Miro / Antibacterial Poron (Green):</b> <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <b>Poron 96 (Red):</b> <input type="checkbox"/> 3mm <b>Poron 94 (Pink):</b> <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <b>Poron (Grey):</b> <input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
<b>Vinyl:</b> <input type="checkbox"/> Black <input type="checkbox"/> Techno Black <input type="checkbox"/> Techno Blue	

### Additional Mid Layers *(Charges apply)*

**If required please specify:** \_\_\_\_\_

### Additional Instructions / Pad Placement

