



Custom Diabetic Insert (CDI) (A5514/L5000) Order Form

Acct #: _____

Acct/Practice Name: _____

Email: _____

Phone: _____

Shipping Address: _____

Foam/Cast Impressions Ship To Address:

Orthotic Holdings
 C/O Purolator
 25801 Northline Commerce Dr, Suite 100
 Taylor, MI 48180

Patient Name: _____
Last First

Gender: Male Female DOB: ____ / ____ / ____

PO Number: _____ Order Date: ____ / ____ / ____

Quantity and Type:

A5514: B/L Left Right QTY 3 2 1

L5000: B/L Left Right QTY 1 Other: _____

(L5000 includes Toe or TMA Filler and rigid longitudinal arch in 55 Durometer EVA)

L5000 Option*:

Graphite Foot Plate (L3031): Flat Contour

**Additional Charge*

Options:

Base Material: 45 Durometer EVA (A5514 Only) 55 Durometer EVA

Top Cover: 1/8" Bilam Conform Foam (Standard)
 3/16" Trilam Conform Foam

Arch Height: As Cast Lower Than Cast
 Higher Than Cast

Heel Seat Depth: 10 mm (Standard) 16 mm (Deep)
 6 mm (Shallow)

Heel Lifts: 1/8" B/L Left Right
 1/4" B/L Left Right

Heel Wedges: Left ____ (Deg. or Inches) Medial Lateral
 Right ____ (Deg. or Inches) Medial Lateral

Flanges: High Medial B/L Left Right
 High Lateral B/L Left Right

Met Pads: Left Right

Pressure Dispersion:

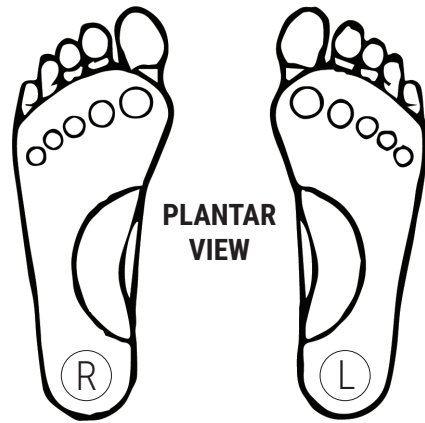
Met Heads Left 1 2 3 4 5
 Right 1 2 3 4 5

5th Met Base Left Right

Heel Spur Depression: B/L Left Right

Options not listed are subject to additional charges

Indicate Missing Toes - Mark Areas for Pressure Relief



PLANTAR VIEW

Toe Filler: (Select Toes)

Left: 1 2 3 4 5

Right: 1 2 3 4 5

Notes: _____

Apex Shoe Order: Men's Shoe Women's Shoe

Style: _____ **Size:** _____

Width: _____

If Not Ordering an Apex Shoe:

Brand: _____ **Width:** _____

Size: _____ **Style:** _____

