



Customer: _____

Address: _____

Phone: _____ Fax: _____

(Please Print) Patient Name: _____ Male Female

Shoe Size Needed: _____

Accommodations:

<input type="checkbox"/> Metatarsal Bars	<input type="checkbox"/> Left	<input type="checkbox"/> Right	LEFT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5	RIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5
<input type="checkbox"/> Metatarsal Relief (Pocket)	<input type="checkbox"/> Left	<input type="checkbox"/> Right	LEFT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5	RIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5
<input type="checkbox"/> ** TOE FILLER: L5000	<input type="checkbox"/> Left	<input type="checkbox"/> Right	LEFT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5	RIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5
<input type="checkbox"/> Offload other than metatarsals – <i>please indicate on cast or in below diagram</i>	<input type="checkbox"/> Left	<input type="checkbox"/> Right	LEFT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5	RIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5
<input type="checkbox"/> Metatarsal Pads	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
<input type="checkbox"/> Heel Spur Relief	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
<input type="checkbox"/> ML Arch Pad	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
<input type="checkbox"/> OTHER: <i>(please explain in detail and indicate accommodation on cast if possible or drawing below)</i>	<input type="checkbox"/> Left	<input type="checkbox"/> Right	LEFT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5	RIGHT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5

Quantity : 1 pr. 2 pr. 3 pr.

(STRIDE LITE WILL AUTOMATICALLY SEND 3 PAIR UNLESS OTHERWISE SPECIFIED ABOVE. THIS INCLUDES TOE FILLERS AND ACCOMMODATIONS – MEANING ALL THREE INSERTS WILL HAVE A TOE FILLER OR REQUESTED ACCOMMODATION. PLEASE NOTE ALL ACCOMMODATIONS AND TOE FILLERS ARE CHARGED PER PAIR)

**** Toe Fillers offered: Multi-Digital Amputations, Trans-Metatarsal Amputations, or Hallux Amputations.**

No single lesser toe fillers will be provided.

