



MADE TO MEASURE

FLAT INSOLE PRESCRIPTION

81-83 KYRWICKS LANE, HIGHGATE, BIRMINGHAM B11 1TB
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Hospital		
Orthotist		
Patient`s Name		
Order No.		
RIGHT	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>	
PAIR	<input type="checkbox"/>	
FULL LENGTH	<input type="checkbox"/>	
¾ LENGTH	<input type="checkbox"/>	
BASE MATERIAL/ THICKNESS		
TOP COVER MATERIAL		
NATURAL LEATHER	<input type="checkbox"/>	ALCANTARA <input type="checkbox"/>
OTHER		
VALGUS PAD/S	FIRM <input type="checkbox"/>	SOFT <input type="checkbox"/>
HEIGHT	L	R
MET BAR/S	STD <input type="checkbox"/>	OTHER
THICKNESS	L	R
MET DOME/S	L <input type="checkbox"/>	R <input type="checkbox"/>
SIZE	L	R
HORSESHOE PAD/S	L <input type="checkbox"/>	R <input type="checkbox"/>
THICKNESS	L	R
HEEL PAD/S	L <input type="checkbox"/>	R <input type="checkbox"/>
THICKNESS	L	R
FOREFOOT WEDGE		
MED/LAT		THICKNESS
REAR/HEEL WEDGE		
MED/LAT		THICKNESS
HEEL RAISE	L <input type="checkbox"/>	R <input type="checkbox"/>
+ Height	L	R

Note: Please, make a drawing of patients' feet on the following two pages.

LEFT FOOT

RIGHT FOOT