GENUINE Dr.Comfort EST. USA

DIABETIC INSERT ORDER FORM

CUSTOMER #	
ORDER DATE	
PO#	

Any Highlighted area not completed will delay your order.

Medicare does require a new scan yearly for orders.

BILL TO:
Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

ORDER INFO

COMPANY NAME:	SHIPPING ADDRESS:		
PATIENT NAME:	AGE:	SEX:	WT.:
ORDERED BY:	PHONE #:	EMAIL:	

SHOE INFO Must Choose one Option

ORDER SHOES: YES: ☐ NO: ☐	SHOE STYLE:	SHOE COLOR:	SHOE SIZE:	SHOE WIDTH:
☐ ORDER INSERTS ONLY:	SHOE SIZE:	SHOE WIDTH:	SEX:	

DIABETIC INSERTS

Medicare does require a new scan yearly for orders.

PLEASE SELECT: ☐ LEFT ☐ RIGHT ☐ BOTH QTY: ☐ 1 ☐ 2 ☐ 3 **If no quantity selected, 3 will be default*

DO YOU NEED A TOE FILLER FOR THE OTHER FOOT? ☐ Y ☐ N WHAT'S MISSING:

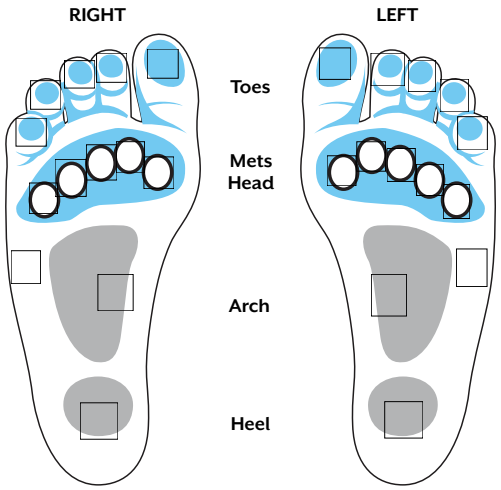
If selected, we will send ONE toe filler for opposite foot.

DIABETIC INSERT SPECIFICS

BASE LAYER (CHOOSE ONE):	☐ MEDIUM YELLOW (DEFAULT)	☐ FIRM WHITE	
TOP COVER (CHOOSE ONE):	☐ SOFT BLUE (DEFAULT)	☐ PINK/BLUE BILAM	
HEEL CUP (CHOOSE ONE):	☐ MEDIUM (DEFAULT)	☐ HIGH	☐ SHALLOW
MEDIAL FLANGES (CHOOSE ONE):	☐ STANDARD (DEFAULT)	☐ HIGH	
LATERAL FLANGES (CHOOSE ONE):	☐ STANDARD (DEFAULT)	☐ HIGH	

SPECIAL MODIFICATIONS

RIGHT		LEFT
☐	MET PAD (MARK LOCATION)*	☐
☐	MET BAR (MARK LOCATION)*	☐
☐	OFFLOADING*	☐
☐	SWEET SPOT*	☐
☐	HEEL LIFT*	☐
☐	MEDIAL HEEL WEDGE*	☐
☐	LATERAL HEEL WEDGE*	☐
☐	HEEL PAD	☐
☐	TOE PLUG**	☐
☐	CHARCOT OFFLOAD*	☐



**Standard lift/wedge is ¼". Note any custom amount up to ½" in the Notes*

**Please indicate placement on foot picture. **Toe Plugs are $5/plug*

No Lifts on Inserts over ½"

DO NOT FAX OR EMAIL THIS FORM IF YOU ARE SENDING AN IMPRESSION! DUPLICATES ARE NON- REFUNDABLE

Keep a copy of your tracking number!

COMMENTS/NOTES

Dr.Comfort
an Enovis brand

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