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www.curafoot3d.com

# CUSTOM INSOLE

## ORDER FORM

### CLINIC/ C-LAB DETAILS

Practitioner's Name:  
Address:  
Zip Code:  
Phone Number:  
Email:

### PATIENT DETAILS

First Name:  
Last Name:  
Age: \_\_\_\_\_ years    Gender:    M    F    O  
Weight: \_\_\_\_\_ lbs    Height: \_\_\_\_\_ inch  
Shoe Size: \_\_\_\_\_  
Shoe Width:    Wide    Medium    Narrow  
Arch Type:    Flat    Normal    High

### CLINICAL EVALUATION

Sl	CLINICAL ISSUES	LEFT FOOT	RIGHT FOOT
1.			
2.			
3.			
4.			

### ORTHOTICS

#### ORTHOTICS TYPE

#### HARD SHELL THICKNESS

Functional Orthotics	UCBL	SMO	2 mm	2.5 mm	3 mm
<b>For Finished Product</b>					

#### TOP LAYER LENGTH

#### TOP LAYER TYPE

Full	3/4th	Sulcus	Performance	Active	Memory	Comfort	SlimFlex
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### For Hard Shell Only

#### PLANNED TOP LAYER THICKNESS

3 mm	3.5 mm	4 mm	4.5 mm	5 mm
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### FUNCTIONAL ORTHOTIC DESIGN PARAMETERS

	LEFT LOWER LIMB				RIGHT LOWER LIMB			
MEDIAL WEDGE	Low	Medium	High	None	Low	Medium	High	None
LATERAL WEDGE	Low	Medium	High	None	Low	Medium	High	None
ARCH RAISE	_____ mm				_____ mm			
HEEL CUP DEPTH	_____ mm				_____ mm			
HEEL RAISE	_____ mm				_____ mm			

Note: Low = 5°, Medium = 10°, High = 15°

### ADDITIONAL CLINICAL INSTRUCTIONS

### FOR ADMIN USE ONLY

	ORDER:
	RECEIVED DATE:
	DESPATCH DATE:
	ACCOUNT:
	CLINICAL SUPPORT COMPLETED: